

(1) PLACE OF BIRTH

County of *Charleston*Township of *Pulaski*

Inc. Town of

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

76430

Registration District No. *1305*Registered No. *128*

(For use of Local Registrar)

(2) Full Name of Child

Novell Anna Johnson

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <i>Girl</i>	(4) Twin or Triplet? <i>No</i>	(5) Number in order of birth <i>5</i>	(6) Are Parents Married? <i>yes</i>	(7) DATE OF BIRTH <i>Sept 8, 1916</i>
To be assigned only in event of Twins or Triplets			(Name of Month) (Day) (Year)	

FATHER		MOTHER	
(8) FULL NAME <i>Jos H Johnson</i>	(14) NAME BEFORE MARRIAGE <i>Novell James</i>	(9) PRESENT POSTOFFICE OF FATHER <i>Pennini SC</i>	(15) PRESENT POSTOFFICE OF MOTHER <i>Pennini SC</i>
(10) COLOR OR RACE <i>Colored</i>	(11) AGE AT LAST BIRTHDAY <i>37</i> (Years)	(16) COLOR OR RACE <i>negro</i>	(17) AGE AT LAST BIRTHDAY <i>30</i> (Years)
(12) BIRTHPLACE <i>SC</i>	(18) BIRTHPLACE <i>SC</i>	(13) OCCUPATION <i>Farmer</i>	(19) OCCUPATION <i>Domestic</i>
(20) Number of children born to mother, including present birth <i>Five</i>	(21) Number of children of this mother now living, including present birth <i>Four</i>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *Born* at *10 20* *P.* M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Mary F. Stiles*(24) State whether Physician or Midwife (25) Address of Physician or Midwife
midwife *Pennini SC*

Given name added from a supplemental report

Mary F. Stiles 1916
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed *gfp* 1916 (28) *Mary F. Stiles* Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McCaw, of Columbia.