

Form No. 1.

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

County of *Edgefield*
Township of *Merrimack*

STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
52025

Inc. Town of Registration District No. *4* Registered No. *1806*
(For use of Local Registrar)
City of (No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child *Johnnie Lee* } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? *Boy* (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? *Yes* (7) DATE OF BIRTH *Mar 16 1916*
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME *Harry Lee*
(9) PRESENT POSTOFFICE OF FATHER *Morganau*
(10) COLOR OR RACE *Color* (11) AGE AT LAST BIRTHDAY *22*
(12) BIRTHPLACE *Edgefield*
(13) OCCUPATION *Farmer*
(20) Number of children born to mother, including present birth { 1

MOTHER.
(14) NAME BEFORE MARRIAGE *Lessie Key*
(15) PRESENT POSTOFFICE OF MOTHER *Morganau*
(16) COLOR OR RACE *Color* (17) AGE AT LAST BIRTHDAY *21*
(18) BIRTHPLACE *Edgefield*
(19) OCCUPATION *Housewife*
(21) Number of children of this mother now living, including present birth { 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *alive*... at *2 o'clock*... M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *Harriett J. Bussey*
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report
....., 191.....
..... Registrar

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed *Mar 23 1916*. (28) *Mrs. P. A. Harrison* 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.

McCaw, of Columbia. Superintendent, No. 1. THIS OFFICE, No. 2, etc., in question 5.

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