

## (1) PLACE OF BIRTH

County of LancasterTownship of Buffordor  
Inc. Town of .....

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

90585

Registration District No. 280

Registered No. ....

(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 Edgar Johnson } 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 12 2 1916  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME William Johnson(9) PRESENT POSTOFFICE OF FATHER Lancaster R2(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 43 (Years)(12) BIRTHPLACE SC(13) OCCUPATION farmer(14) NAME BEFORE MARRIAGE Hetty Parker(15) PRESENT POSTOFFICE OF MOTHER Lancaster R2(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 43 (Years)(18) BIRTHPLACE SC(19) OCCUPATION house work(20) Number of children born to mother, including present birth 11(21) Number of children of this mother now living, including present birth 11

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born at 11 ..... P.M.,  
(Born alive or stillborn) (Hour A. M. or P. M.)  
on the date above stated.(23) (Signature) Jane Adams

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

mid. wife Lancaster R2

Given name added from a supplemental report

....., 191.....

.....

Registrar

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

(27) Filled ..... (28) ..... 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.