

(1) PLACE OF BIRTH
 County of Lancaster
 Township of Bradford

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

File No.—For State Registrar Only

90585

Inc. Town of Registration District No. 280 Registered No.
 or (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? no (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH 12 2 1916
To be answered only in case of Twin or Triplets (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME William Johnson
 (9) PRESENT POSTOFFICE OF FATHER Lancaster R 2
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 43 (Years)
 (12) BIRTHPLACE SC
 (13) OCCUPATION farmer
 (20) Number of children born to mother, including present birth 11

MOTHER.
 (14) NAME BEFORE MARRIAGE Hetty Parker
 (15) PRESENT POSTOFFICE OF MOTHER Lancaster R 2
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 43 (Years)
 (18) BIRTHPLACE SC
 (19) OCCUPATION house work
 (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.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. Adams
 (24) State whether Physician or Midwife mid. wife (25) Address of Physician or Midwife Lancaster R 2

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 191..... (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.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5. McChaw. of Columbia.

