

MARGIN RESERVED FOR BINDER.
 WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 M. 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.

State of Columbia.

Form No 1.

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA
 DEPARTMENT OF HEALTH
 STATE BOARD OF HEALTH

FILE NO.—FURNITURE
58804

(1) PLACE OF BIRTH
 County of York
 Township of Cheney
 or
 Inc. Town of Johns River
 or
 City of Johns River
 (If birth occurs in a hospital or other institution, give name of same instead of street and number)
 Registration District No. 4408 Registered No. 18
 (For use of Local Registrar)

(2) Full Name of Child John Miles Black
 If child is not yet named, enter supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or triplet? (5) Number in order of birth
 To be entered only in case of Twins or Triplets (6) DATE OF BIRTH Feb 12 1906
 (Name of Month) (Day) (Year)

(8) FULL NAME <u>Jessie Black</u>		(14) NAME BEFORE MARRIAGE <u>Jessie Black</u>
(9) PRESENT POSTOFFICE OF FATHER <u>Rock Hill S.C.</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Rock Hill S.C.</u>
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>29</u> (Years)	(16) COLOR OR RACE <u>Negro</u>
(12) BIRTHPLACE <u>S.C.</u>		(17) AGE AT LAST BIRTHDAY <u>28</u> (Years)
(13) OCCUPATION <u>Farm Laborer</u>		(18) BIRTHPLACE <u>S.C.</u>
(19) OCCUPATION <u>Farm Laborer</u>		(21) NUMBER OF CHILDREN AT THIS MOTHER NOW LIVING, INCLUDING PRESENT BIRTH <u>6</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at Johns River on the date above stated.

(23) Signature Dr. J. R. Miller (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Medicine

Given name added from a supplemental report
 (26) Witness (Signature of witness necessary only when question 23 is signed by midwife)
3/26/06 (27) Date J. R. Miller (28) Signature

When there was no attending physician or midwife, then the father, householder, etc., should sign this certificate, and a child bearing name must be given. No report is required if child is born at home and no physician or midwife is present.