

PATENT RESERVED FOR THE STATE OF SOUTH CAROLINA
 WHEN PRINTED WITH UNLINED ENVELOPES
 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.

(1) PLACE OF BIRTH
 County of Hampton
 Township of Peoples
 OR
 Inc. Town of.....
 OR
 City of..... (No. St.; Ward)

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

File No.—For State Registrar Only
85996

Registration District No. 402 Registered No. 745
 (For use of Local Registrar)

(2) Full Name of Child Berry Johnson (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? boy (4) Twin or Triplet? 1 (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Oct 21 1916
To be answered only in event of Twins or Triplets. (Name of Month) / (Day) (Year)

FATHER.
 (8) FULL NAME Berry Johnson
 (9) PRESENT POSTOFFICE OF FATHER Hampton sc
 (10) COLOR OR RACE Cold (11) AGE AT LAST BIRTHDAY 28
(Years)
 (12) BIRTHPLACE Hampton Co
 (13) OCCUPATION Porter

MOTHER.
 (14) NAME BEFORE MARRIAGE Maria Capers
 (15) PRESENT POSTOFFICE OF MOTHER Hampton sc
 (16) COLOR OR RACE Cold (17) AGE AT LAST BIRTHDAY 27
(Years)
 (18) BIRTHPLACE Hampton Co
 (19) OCCUPATION House work

(20) Number of children born to mother, including present birth 14 (21) Number of children of this mother now living, including present birth 14

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at..... M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
 (23) (Signature) Mollie Potts - Midwife
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Hampton P.O.

Given name added from a supplemental report

 19 ..
 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Nov 13 - 1916 (28) J. W. Roalis 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.