

MAKING REPRODUCED FORMS. WITH PLAINLY, WITH WRITING IN-TEMPERATE. 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 Pieples
or
Inc. Town of
or
City of

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. 7402

Registered No. 745
(For use of Local Registrar)

(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 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 6 (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
(20) Number of children born to mother, including present birth 14

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
(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 live at line M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mollen Potts - midwife

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Hampton P.O.

Given name added from a supplemental report

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

(27) Filed Nov 13 1916 (28) H. Rogers 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.