

Form No. 1.

(1) PLACE OF BIRTH

County of Horry

Township of Long Bluff

or
Inc. Town of

or
City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

77542

Registration District No. 2503 Registered No. 11

(For use of Local Registrar)

St.; Ward

(2) Full Name of Child

Richard Claude 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 Sept. 18, 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME William Johnson

(9) PRESENT POSTOFFICE OF FATHER Jordanville S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 25 (Years)

(12) BIRTHPLACE Horry Co. S.C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Ella Davis

(15) PRESENT POSTOFFICE OF MOTHER Jordanville S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 20 (Years)

(18) BIRTHPLACE Horry Co. S.C.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive 6 am on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) R. A. Capps

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Jordanville S.C.

Given name added from a supplemental report

9/28, 1916

Thomas Johnson
Registrar

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

(27) Filed 9/28, 1916 (28) Thomas Johnson
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.

MARGIN RESERVED FOR ENDING. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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. McCaw, of Columbia.