

Form No. 1.

(1) PLACE OF BIRTH

County of Henry
Township of Long Bluff
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

77542

Registration District No. 2503 Registered No. 11
(For use of Local Registrar)

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

(3) BOY OR GIRL? Boy (4) Twin or Triplet? _____ (5) Number in order of birth _____ (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept. 18, 1916
To be answered only in case of twins or triplets (Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Sumner Johnson

(14) NAME BEFORE MARRIAGE Ella Davis

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

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

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

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

(12) BIRTHPLACE Henry Co. S.C.

(18) BIRTHPLACE Henry Co. S.C.

(13) OCCUPATION Farmer

(19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 1 2

(21) Number of children of this mother now living, including present birth 1 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at Jordanville S.C. 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 BANDING.
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.
McGaw, of Columbia.