

MARGIN RESERVED FOR BINDING.

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.

(1) PLACE OF BIRTH  
 County of Christyfield  
 Township of Aligator  
 or  
 Inc. Town of .....

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

File No.—For State Registrar Only  
**76328**

Registration District No. 1700 Registered No. 67  
 (For use of Local Registrar)

City of ..... (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 Hazel Olivia Johnson If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL girl (4) Twin or Triplet? ..... (5) Number in order of birth ..... (6) Are Parents Married? yes (7) DATE OF BIRTH... Sept 24, 1916  
 (Name of Month) (Day) (Year)

**FATHER.**  
 (8) FULL NAME James Henry Johnson Jr  
 (9) PRESENT POSTOFFICE OF FATHER McBee S.C.  
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY... 21.....  
 (Years)  
 (12) BIRTHPLACE Aligator Township  
 (13) OCCUPATION Farmer  
 (20) Number of children born to mother, including present birth { ..... } 1

**MOTHER.**  
 (14) NAME BEFORE MARRIAGE Alma Ophelia Ennis  
 (15) PRESENT POSTOFFICE OF MOTHER McBee S.C.  
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY... 21.....  
 (Years)  
 (18) BIRTHPLACE Aligator Township  
 (19) OCCUPATION House Keeping  
 (21) Number of children of this mother now living, including present birth { ..... } 1

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was ..... Alma ..... at 5 a.m.,  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Saabila Johnson (24) State whether Physician or Midwife Midwifery—S.C. (25) Address of Physician or Midwife

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 1700 19 16 (28) J.M. Beatty 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.