

Form No. 1

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

File No. — For State Registrar Only  
**50635**

(1) PLACE OF BIRTH  
 County of Union  
 Township of Union

or  
 Inc. Town of Union  
 or  
 City of Union

Registration District No. 42 A Registered No. 151  
 (For use of Local Registrar)  
 St.; ..... Ward)  
 (No. ....)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Joseph Jackson 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 BIRTH Feb 10 1916  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

**FATHER**  
 (8) FULL NAME John Franklin Johnson  
 (9) PRESENT POSTOFFICE OF FATHER Union SC  
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 32 (Years)  
 (12) BIRTHPLACE Union Co SC  
 (13) OCCUPATION Carpenter  
 (14) Number of children born to mother, including present birth 2

**MOTHER**  
 (14) NAME BEFORE MARRIAGE Annie May Orr  
 (15) PRESENT POSTOFFICE OF MOTHER Union SC  
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 21 (Years)  
 (18) BIRTHPLACE Union SC  
 (19) OCCUPATION Housewife  
 (20) 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 at 5:00 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) D. H. Montgomery  
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Union SC

Given name added from a supplemental report  
 ....., 191....  
 ....., 191....  
 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
Feb 12 1916 (27) Filed 1916 (28) D. H. Sonatt 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.

SALESMAN RECEIVED THIS COPY DURING G. WHITE, U.S.A. ONLY. 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.