

(1) PLACE OF BIRTH

County of HarleyTownship of Buda

Inc. Town of

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

43247

Registration District No. 220 Registered No. 1110

(For use of Local Registrar)

SL: Ward)

(2) Full Name of Child Jessie L. Johnson If child is not yet named, make supplemental report as directed(3) BOY OR GIRL 2

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? yes(7) DATE OF BIRTH Dec 28 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Jessie L. Johnson(9) PRESENT POSTOFFICE OF FATHER Harley(10) COLOR OR RACE White

(11) AGE AT LAST BIRTHDAY

(12) BIRTHPLACE Harley(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Sadie Johnson(15) PRESENT POSTOFFICE OF MOTHER Harley(16) COLOR OR RACE White

(17) AGE AT LAST BIRTHDAY

(18) BIRTHPLACE Harley(19) OCCUPATION Farmer(20) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.(23) (Signature) J. H. Smith(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Harley

Given name added from a supplemental report

(26) Witness

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

(27) Filed Dec 30 1915

(28)

(29) J. H. Smith 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 INDEXING. 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 make the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.