

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. For State Registrar Only  
45927

(1) PLACE OF BIRTH

County of ColletonTownship of Keedeeor  
Inc. Town of .....

City of .....

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

Registration District No. 1409 Registered No. 3  
(For use of Local Registrar)(2) Full Name of Child Johnie Middleton { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married <u>yes</u>	(7) DATE OF BIRTH <u>Jan. 14 1916</u> (Name of Month) (Day) (Year)
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To be answered only in event of Twins or Triplets

## FATHER.

(8) FULL NAME Mack Middleton(9) PRESENT POSTOFFICE OF FATHER W. Bow. S. B.(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 23  
(Years)(12) BIRTHPLACE Colleton Co. S. C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 4

## MOTHER.

(14) NAME BEFORE MARRIAGE Hermietta Washington(15) PRESENT POSTOFFICE OF MOTHER W. Bow. S. C.(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 21  
(Years)(18) BIRTHPLACE Colleton Co. S. C.(19) OCCUPATION Domestic(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 alive at 12 P. M., on the date above stated. (Born alive or stillborn) (Mour. M. or P. M.)(23) (Signature) Mack Middleton

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

..... 191.....

..... Registrar

(26) Witness .....  
(Signature of Witness necessary only when question 23 is signed by mark)(27) File Jan. 16 1916 (28) Harmon L. Padgett 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 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.

McCaw, of Columbia.