

(1) PLACE OF BIRTH

County of Clarendon

Township of .....

or  
Inc. Town of Manningor  
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

76408

Registration District No. 13-A Registered No. 33

(For use of Local Registrar)

(2) Full Name of Child Elijah Witherspoon } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Sept. 6</u> for <u>6</u> (Name of Month) (Day) (Year)
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FATHER		MOTHER	
(8) FULL NAME <u>Willie Witherspoon</u>	(14) NAME BEFORE MARRIAGE <u>L. A. Johnson</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Manning, S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Manning, SC</u>
(10) COLOR OR RACE <u>Colored</u>	(11) AGE AT LAST BIRTHDAY <u>34</u> (Years)	(16) COLOR OR RACE <u>Colored</u>	(17) AGE AT LAST BIRTHDAY <u>22</u> (Years)
(12) BIRTHPLACE <u>Clarendon Co SC</u>	(18) BIRTHPLACE <u>Clarendon Co SC</u>	(13) OCCUPATION <u>Porter in Grocery Store</u>	(19) OCCUPATION <u>Housewife</u>
(20) Number of children born to mother, including present birth } <u>2</u>	(21) Number of children of this mother now living, including present birth } <u>2</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 6 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) L. A. Johnson

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

Midwife | Manning, S.C.

Given name added from a supplemental report

(26) Witness Willie Witherspoon

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

(27) Filed Sept. 1916 (28) A. L. Todd 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.

PENCIL 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.