

MARGEN 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.

City of Columbia

(1) PLACE OF BIRTH

County of GreenvilleTownship of Cleveland

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

4-1-39

Registration District No. 2-203Registered No. 2

(For use of Local Registrar)

2) Full Name of Child Bessie 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 Jan. 21

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Celestian Johnson

(9) PRESENT POSTOFFICE OF FATHER

Marietta, S.C.

(10) COLOR OR RACE

White(11) AGE AT LAST BIRTHDAY 34 (Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farmer

(20) Number of children born to mother, including present birth

8

MOTHER.

(14) NAME BEFORE MARRIAGE

Mamie Cot

(15) PRESENT POSTOFFICE OF MOTHER

Marietta, S.C.

(16) COLOR OR RACE

White(17) AGE AT LAST BIRTHDAY 33 (Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Housewife

(21) Number of children of this mother now living, including present birth

7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 7- P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Fannie X. Jones

(24) State whether Physician or Midwife

midwife

(25) Address of Physician or Midwife

River Falls, S.C.

Given name added from a supplemental report

191

Registrar

(26) Witness

Celestian Johnson(27) Filed Feb 1st

1917

(28)

Ralph Harrison

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.