

MARGIN RESERVED FOR INDEXING.
 WHITE PLAINLY. WITH ENLARGING 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.

(1) PLACE OF BIRTH

County of Calhoun

Township of Johnston

Inc. Town of Johnston

City of Johnston

(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

46103

Registration District No. 311 Registered No. 7

(For use of Local Registrar)

(2) Full Name of Child. Joseph Bankings If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH Jan 28 1916
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Joseph Bankings

(9) PRESENT POSTOFFICE OF FATHER Johnston S.C.

(10) COLOR OF RACE Black (11) AGE AT LAST BIRTHDAY 27 (Years)

(12) BIRTHPLACE Johnston

(13) OCCUPATION Coburn

(14) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Essie W. W. W.

(15) PRESENT POSTOFFICE OF MOTHER Johnston S.C.

(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 23 (Years)

(18) BIRTHPLACE Johnston

(19) OCCUPATION Coburn

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 7:30 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. W. W.

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

Given name added from a supplemental report

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Registrar

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

(27) Filed Jan 28 1916 (28) A. W. T. 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.

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