

Form No. 1.

## (1) PLACE OF BIRTH

County of

Edgefield

Township of

Talbert

or

Inc. Town of

or

City of

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

72585

Registration District No. 1815

Registered No. 41

(For use of Local Registrar)

City of

(No. ....)

St.; ....

Ward)

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

## (2) Full Name of Child

Joe Henry Johnson

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

August 5

1916

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Willie Johnson

(9) PRESENT POSTOFFICE OF FATHER

Plum Branch S.C.

(10) COLOR OR RACE

black

(11) AGE AT LAST BIRTHDAY 26 (Years)

(12) BIRTHPLACE

Ga.

(13) OCCUPATION

farming

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

4

## MOTHER.

(14) NAME BEFORE MARRIAGE

Carrie Dyerles

(15) PRESENT POSTOFFICE OF MOTHER

Plum Branch S.C.

(16) COLOR OR RACE

black

(17) AGE AT LAST BIRTHDAY 26 (Years)

(18) BIRTHPLACE

Plum Branch S.C.

(19) OCCUPATION

housewife

(21) 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 at 11 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Savannah Talbert

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

Midwife

Plum Branch S.C.

Given name added from a supplemental report

(26) Witness

Suzie Dyerles with Johnson

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

(27) Filed

Aug 7 1916

(28)

J. S. Hughes

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.