

Form No. 1

(1) PLACE OF BIRTH

County of FairfieldTownship of 8

or

Inc. Town of

or

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

64228

Registration District No. 1907 Registered No. 42

(For use of Local Registrar)

(2) Full Name of Child Samuel 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

To be answered only in case of Twins or Triplets

(6) Are Parents Married Yes(7) DATE OF BIRTH June 21(Name of Month) (Day) (Year) 1906

FATHER.

(8) FULL NAME Wesley Johnson(9) PRESENT POSTOFFICE OF FATHER Ridgeway, S.C.(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 30 (Years)(12) BIRTHPLACE Fairfield Co.(13) OCCUPATION Farming(14) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Eliza Shaple(15) PRESENT POSTOFFICE OF MOTHER Ridgeway, S.C. R.3(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 35 (Years)(18) BIRTHPLACE Fairfield Co.(19) OCCUPATION House wife(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive 1:45 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Willie Jane Hannon

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

Midwife Ridgeway, S.C.

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 July 22 1906 (28) J. L. Hannon 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.

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.