

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only
76419

(1) PLACE OF BIRTH
 County of Clarendon
 Township of Calvary
 or
 Inc. Town of Registration District No. 1301 Registered No. 137
 or
 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 Robert Lee Johnson { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 3 (6) Are Parents Married? No (7) DATE OF BIRTH Sept 17 1906
To be answered only in event of twins or triplets (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Joseph Johnson
 (9) PRESENT POSTOFFICE OF FATHER Pinewood SC
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 26
 (12) BIRTHPLACE SC
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth Three

MOTHER.
 (14) NAME BEFORE MARRIAGE Lattie Mitchell
 (15) PRESENT POSTOFFICE OF MOTHER Pinewood SC
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 24
 (18) BIRTHPLACE SC
 (19) OCCUPATION Domestic
 (21) Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born on Sept 16 30 A on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Maggie Lusk

(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Pinewood SC

Given name added from a supplemental report
Henry F. Seach 191...
 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
Henry F. Seach

(27) Filed 9/20 191... (28) Henry F. Seach 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.