

FORM NO. 1.

## (1) PLACE OF BIRTH

County of Sumter  
Township of Manchester

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

57739

Registration District No. 4101Registered No. 10

(For use of Local Registrar)

(2) Full Name of Child Minnie Marie Johnston

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>April 13, 1916</u>
To be answered only in event of Twins or Triplets				(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Joseph Edwin Johnston(9) PRESENT POSTOFFICE OF FATHER Pinewood S.C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 41 (Years)(12) BIRTHPLACE South Carolina(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth eight (8)

## MOTHER.

(14) NAME BEFORE MARRIAGE Estelita Johnson(15) PRESENT POSTOFFICE OF MOTHER Pinewood S.C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 34 (Years)(18) BIRTHPLACE South Carolina(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth Six (6)

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Born alive 8 1/2 A.M. on the date above stated. Midwife (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Samuel A. J. Lachy(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Pinewood 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 April 16, 1916

1916

(28)

W. J. A. J. Lachy

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.

McGraw, of Columbia.