

(1) PLACE OF BIRTH

County of Johnson
 Township of Back Swamp

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only

52138

Inc. Town of Registration District No. 700 Registered No.
 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 Eva May Johnson If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 1st (6) Are Parents Married? Yes (7) DATE OF BIRTH Mar 30 1916
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Charles Power Johnson
 (9) PRESENT POSTOFFICE OF FATHER Johnson SC R700
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 38 (Years)
 (12) BIRTHPLACE Savage SC
 (13) OCCUPATION Clark
 (20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Eva May Robinson
 (15) PRESENT POSTOFFICE OF MOTHER Britton Neck SC
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 34 (Years)
 (18) BIRTHPLACE Britton Neck SC
 (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 at 12:15 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) B. G. Gregory
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife FLORENCE, S. C.

Given name added from a supplemental report

Sept 10 1916
Cherwell
Registrar

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Oct 6 1916 (28) Cherwell M. Gregory 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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THIS IS A PERMANENT RECORD.
 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 8.