

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

File No.—For State Registrar Only
63333

(1) PLACE OF BIRTH
 County of Calhoun
 Township of Pinpoint
 or
 Inc. Town of Fort Mott
 or
 City of _____ (No. _____) (For use of Local Registrar)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 803 Registered No. 44

(2) Full Name of Child Jahmney Johnson } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl (4) Twin or Triplet? _____ (5) Number in order of birth 2 (6) Are Parents Married? yes (7) DATE OF BIRTH June 20 1916
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Jahmney Johnson
 (9) PRESENT POSTOFFICE OF FATHER Fort Mott
 (10) COLOR OR RACE caucasian (11) AGE AT LAST BIRTHDAY 50 (Years)
 (12) BIRTHPLACE Fort Mott
 (13) OCCUPATION farmer
 (20) Number of children born to mother, including present birth 12

MOTHER.
 (14) NAME BEFORE MARRIAGE Mary Wilson
 (15) PRESENT POSTOFFICE OF MOTHER Fort Mott
 (16) COLOR OR RACE caucasian (17) AGE AT LAST BIRTHDAY 32 (Years)
 (18) BIRTHPLACE Fort Mott SC
 (19) OCCUPATION housewife
 (21) Number of children of this mother now living, including present birth 12

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was live at St. M. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
 (23) (Signature) Mary Wilson
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Fort Mott

Given name added from a supplemental report
 _____ 1916
 Registrar

(26) Witness _____ (Signature of _____ when question was signed) _____
 (27) Filed June 20 1916 (28) J. D. Stouderme Local Registrar

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the McCaw, of Columbia

*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.