

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

File No. For State Department Only

55910

County of

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Township of

or
Inc. Town of

Registration District No. 21-1

Registered No. 32

(For use of Local Registrar)

or
City of

(No. 709)

Duke

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 Ann Elizabeth 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 Apr 2

(Name of Month Day Year)

FATHER.

MOTHER.

(8) FULL NAME George Johnson(14) NAME BEFORE MARRIAGE Lois Small(9) PRESENT POSTOFFICE OF FATHER Lexington(15) PRESENT POSTOFFICE OF MOTHER Lexington(10) COLOR OR RACE Caucas.(11) AGE AT LAST BIRTHDAY 22 (Years)(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 18 (Years)(12) BIRTHPLACE San Antonio, Tex.(18) BIRTHPLACE San Antonio, Tex.(13) OCCUPATION Daily Laborer(19) OCCUPATION Cook(20) Number of children born to mother, including present birth 2(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.(23) (Signature) Salley Myers

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

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 25 is signed by mark)

(27) Filed Apr 12 1916

(28)

Registrar

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.

*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.