

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 5.

McCAW OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Berkley  
Township of St Stephen  
or  
Inc. Town of .....  
or  
City of .....

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

Registration District No. 705

File No.—For State Registrar Only  
**88582**

Registered No. 84  
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
St. .... Ward)

(2) Full Name of Child Leon 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 4 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 9 1916  
(Name of Month) (Day) (Year)

**FATHER.**  
(8) FULL NAME A. D. Johnson  
(9) PRESENT POSTOFFICE OF FATHER Bonneau  
(10) COLOR OR RACE Colord (11) AGE AT LAST BIRTHDAY 25 (Years)  
(12) BIRTHPLACE St Stephen  
(13) OCCUPATION R.R. Hand  
(20) Number of children born to mother, including present birth 4

**MOTHER.**  
(14) NAME BEFORE MARRIAGE Ethel Charles  
(15) PRESENT POSTOFFICE OF MOTHER Bonneau S.C.  
(16) COLOR OR RACE Colord (17) AGE AT LAST BIRTHDAY 22 (Years)  
(18) BIRTHPLACE St Stephen S.C.  
(19) OCCUPATION House wife  
(21) Number of children of this mother now living, including present birth 3

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was born Dec 9 1916 at St Stephen S.C., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Minnie Montgomery  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife St Stephen S.C.

Given name added from a supplemental report

(26) Witness M. A. Flye  
(Signature of Witness necessary only when question 23 is signed by mark)

19 16 Registrar (27) Filed Dec - 18 1916 (28) M. M. Boykin 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.