

N. D.—If child of twins or triplets use a SEPARATE BLANK FOR EACH CHILD, and fill up "THIS BORN" No. 1, THE OTHER, No. 2, etc., in question 3.

(1) PLACE OF BIRTH

County of Calhoun  
or  
Township of Seyona  
or  
Inc. Town of .....  
or  
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 Annie Bates Johnson child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <u>To be answered only in event of Twins or Triplets</u>	(5) Number in order of birth	(6) Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Nov. 23, 1916</u> (Name of Month) (Day) (Year)
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FATHER.		MOTHER.	
(8) FULL NAME <u>Frank Johnson</u>	(14) NAME BEFORE MARRIAGE <u>Hessie Brunson</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Cameron, S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Cameron, S.C.</u>
(10) COLOR OR RACE <u>negro</u>	(11) AGE AT LAST BIRTHDAY <u>20</u> (Years)	(16) COLOR OR RACE <u>negro</u>	(17) AGE AT LAST BIRTHDAY <u>19</u> (Years)
(12) BIRTHPLACE <u>Calhoun Co</u>	(18) BIRTHPLACE <u>Calhoun Co</u>	(13) OCCUPATION <u>farm hand</u>	(19) OCCUPATION <u>Housewife</u>
(20) Number of children born to mother, including present birth <u>1</u>	(21) Number of children of this mother now living, including present birth <u>1</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 6 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) X Marie Foster  
(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Cameron, S.C.

Given name added from a supplemental report .....  
.....  
..... 19 ....., Registrar

(26) Witness Mrs. Keller (Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed Nov. 30, 1916 (28) M. S. Keller 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.