

(1) PLACE OF BIRTH

County of AikenTownship of Sleepy Hollow

or

Inc. Town of

or

City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

62879

Registration District No. 712 Registered No. 47
(For use of Local Registrar)(2) Full Name of Child Emiley Johnson If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>June 23</u> 191 <u>1</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Frank Johnson(9) PRESENT POSTOFFICE OF FATHER Home(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 22 (Years)(12) BIRTHPLACE sc(13) OCCUPATION labor(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Lilbie Rountree(15) PRESENT POSTOFFICE OF MOTHER Home(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 21 (Years)(18) BIRTHPLACE sc(19) OCCUPATION labor(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 10:30 am, on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Francis W. Williams(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Jackson sc

Given name added from a supplemental report

(26) Witness W. E. Eubanks
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filled 1911 (28) W. E. Eubanks 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.

M.C. CRAWL of Columbia
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.