

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

62879

County of AikenTownship of Sleepy Hollowor
Inc. Town ofor
City of

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

Registration District No. 712Registered 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>
To be answered only in event of twins or triplets			(Name of Month) (Day) (Year)	

FATHER.

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

MOTHER.

(14) NAME BEFORE MARRIAGE Lilbie Rountree(15) PRESENT POSTOFFICE OF MOTHER Hawthorne(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 21 (Years)(18) BIRTHPLACE SC(19) OCCUPATION Labo(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 (25) Address of Physician or Midwife

Midwife Jackson

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.

McGraw-Hill of Columbia

NOTE.—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.