

Form No. 1

(1) PLACE OF BIRTH

County LanternsTownship of Lanternsor
Inc. Town ofor
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
69225Registration District No. 2904 Registered No. 85

(For use of Local Registrar)

(2) Full Name of Child

James Richard 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 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 19 5

To be answered only in case of twins or triplets

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME James Johnson(9) PRESENT POSTOFFICE OF FATHER Lanterns SC(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 43 (Years)(12) BIRTHPLACE Clinton SC(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 1(14) NAME BEFORE MARRIAGE Lizzie Nark(15) PRESENT POSTOFFICE OF MOTHER Lanterns SC(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 47 (Years)(18) BIRTHPLACE Newbury SC(19) OCCUPATION Farmer(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 born at 3:45 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Charles B. Bishop(24) State whether Physician or Midwife (25) Address of Physician or Midwife Midwife, Lanterns SC

Given name added from a supplemental report

(26) Witness J. R. Johnson

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed June 19 1911 (28) L. C. Bishop

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.

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.