

File No. For State Registrar Only
72810

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH
County of Lenoir
Township of Immocuousville
or Town Immocuousville
or City of Immocuousville
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

(2) Full Name of Child Dandy Johnson

If child is not yet named, make supplemental report as directed

(3) SEX Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Age at Birth 25 (7) DATE OF BIRTH Aug 25 1916
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER
(8) FULL NAME Zeal Johnson
(9) PRESENT POSTOFFICE OF FATHER Immocuousville
(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 20 (Years)
(12) BIRTHPLACE Lea County
(13) OCCUPATION Farming
(20) Number of children born to mother, including present birth

MOTHER
(14) NAME BEFORE MARRIAGE Sallie Nelson
(15) PRESENT POSTOFFICE OF MOTHER Immocuousville
(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 28 (Years)
(18) BIRTHPLACE Lea County
(19) OCCUPATION House Work
(21) Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at Immocuousville on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
(23) (Signature) Sarah J. Wilson
(24) State whether Physician or Midwife Midwife Address of Physician or Midwife Immocuousville

Given name added from a supplemental report
..... 191.....
Registrar

(26) Witness J. P. Wilson
Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Sept 1916 (28) W. P. Johnson 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.

MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—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. McCay, of Columbia.