

Form No. 1.

(1) PLACE OF BIRTH

County of Edgefield

Township of Marion

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

48005

Registration District No. 4 Registered No. 1806

(For use of Local Registrar)

(2) Full Name of Child Johnsa Winford

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 3 (6) Age Parents Married? 30 (7) DATE OF BIRTH Feb. 12, 1916
(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Jarvis Winford

(14) NAME BEFORE MARRIAGE Margaret Johnson

(9) PRESENT POSTOFFICE OF FATHER Sumter

(15) PRESENT POSTOFFICE OF MOTHER Sumter S.C.

(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 25 (Years)

(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 43 (Years)

(12) BIRTHPLACE South Carolina

(18) BIRTHPLACE South Carolina

(13) OCCUPATION Farmer

(19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 3

(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 7-00 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Dr. J. M. ...

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed Feb. 19, 1916 (28) A. C. ... 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.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN N. No. 1. THE OTHER, No. 2, etc., in question 5.

McCaw, of Columbia.