

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.

Form No. 1.

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

County of *Edgefield*

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

File No.—For State Registrar Only
48005

Township of *North*

Inc. Town of Registration District No. *4*

Registered No. *1806*
(For use of Local Registrar)

City of (No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child. *Johnna Winford* If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <i>Boy</i>	(4) Twin or Triplet? <i>No</i> <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth <i>3</i>	(6) Age Parents Married <i>30</i>	(7) DATE OF BIRTH <i>Feb, 17, 1916</i> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

MOTHER.

(8) FULL NAME *Jarvis Winford*

(14) NAME BEFORE MARRIAGE *Margaret Johnson*

(9) PRESENT POSTOFFICE OF FATHER *Sumter*

(15) PRESENT POSTOFFICE OF MOTHER *Trenton 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 *9 - Oak St. S.E.* 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)

..... 191.....
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Registrar

(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.