

FORM NO. 7. 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.

McCaw, of Columbia.

(1) PLACE OF BIRTH

County of Marion

Township of

OR

Inc. Town of Marion Registration District No. 32a Registered No. 75
(For use of Local Registrar)

OR

City of (No. St.; Ward)
(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
73820

(2) Full Name of Child Evelyn Park Selby Johnson If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet? <input checked="" type="checkbox"/>	(5) Number in order of birth <u>1</u> <small>To be answered only in event of Twins or Triplets</small>	(6) Are Parents Married? <input checked="" type="checkbox"/>	(7) DATE OF BIRTH <u>Aug 1 1916</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(8) FULL NAME Primer W. Johnson

(9) PRESENT POSTOFFICE OF FATHER Marion SC

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 36
(Years)

(12) BIRTHPLACE Marion SC

(13) OCCUPATION Editor - Mayor

(20) Number of children born to mother, including present birth { 2 }

MOTHER

(14) NAME BEFORE MARRIAGE Evelyn Park Selby

(15) PRESENT POSTOFFICE OF MOTHER Marion SC

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 31
(Years)

(18) BIRTHPLACE Dorsa Ill

(19) OCCUPATION Wife

(21) Number of children of this mother now living, including present birth { 2 }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 1 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Marion Selby

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

Given name added from a supplemental report

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Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) Arthur C. Cozart

(27) Filed Aug 8 1916 (28) Arthur C. Cozart 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.