

Form No. 1

## (1) PLACE OF BIRTH

County of YorkTownship of Fort Millor  
Inc. Town of Fort MillCity of Fort Mill

(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

50815

Registration District No. 4406 Registered No. 14

(For use of Local Registrar)

## (2) Full Name of Child

{ 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 2(6) Are Parents Married? yes(7) DATE OF BIRTH Feb. 23, 1916

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

S. P. Johnson

(9) PRESENT POSTOFFICE OF FATHER

Fort Mill S.C.

(10) COLOR OR RACE

white(11) AGE AT LAST BIRTHDAY 55

(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

mill operative

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

{ 2

## MOTHER.

(14) NAME BEFORE MARRIAGE

Minnie Bunnage

(15) PRESENT POSTOFFICE OF MOTHER

Fort Mill S.C.

(16) COLOR OR RACE

white(17) AGE AT LAST BIRTHDAY 24

(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

House wife

(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 alive at 11 A.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) A. L. Parker

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

Fort Mill S.C.

Given name added from a supplemental report

Feb. 8, 1916A. L. Parker

Registrar

(26) Witness

A. L. Parker  
(Signature of Witness necessary only when question 22 is signed by mark)(27) Filed 1916(28) Local Registrar

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes ever once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

MARGIN RESERVED FOR PRINTING.

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.

State of Columbia