

(1) PLACE OF BIRTH
County of Fairfield
Township of 11

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

File No.—For State Registrar Only

or
Inc. Town of Registration District No. 1910 Registered No. 7
(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.)

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

(3) BOY OR GIRL? girl (4) Twin or Triplet? no (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH July 12 1916
to be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Joe Johnson
(9) PRESENT POSTOFFICE OF FATHER Waller ville
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 27 (Years)
(12) BIRTHPLACE Fairfield
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 4

MOTHER.
(14) NAME BEFORE MARRIAGE Lottie Montgomery
(15) PRESENT POSTOFFICE OF MOTHER Waller ville
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 23 (Years)
(18) BIRTHPLACE Fairfield
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 5 P. M.,
on the date above stated. (Born, alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) H. D. Miller
(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Waller ville

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

(26) Witness H. D. Miller
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Feb 1916 (28) H. D. Miller
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.