

(1) PLACE OF BIRTH

County of FairfieldTownship of X 9

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

52090

Registration District No. 1908 Registered No. 20

(For use of Local Registrar)

(2) Full Name of Child Henry Johnson

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Bo</u>	(4) Twin or Triplet? <u>X</u> <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth <u>X</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>July 21</u> 19 <u>14</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(8) FULL NAME James Johnson(9) PRESENT POSTOFFICE OF FATHER Rockton S.C.(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 6-8 (Years)(12) BIRTHPLACE Fairfield Co(13) OCCUPATION minister(20) Number of children born to mother, including present birth 12

MOTHER.

(14) NAME BEFORE MARRIAGE Eliza Young(15) PRESENT POSTOFFICE OF MOTHER Rockton S.C.(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 39 (Years)(18) BIRTHPLACE Fairfield Co(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 12

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 7/30 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Eliza Young(24) State whether Physician or Midwife (25) Address of Physician or Midwife Rockton S.C.

Given name added from a supplemental report

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Registrar

(26) Witness (Signature of Witness necessary only when question 28 is signed by mark)

(27) Filed July 28 1914 (28) DeRuy 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.

THIS IS A PERMANENT RECORD.
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 8.
McCaw, of Columbia.