

Form No. 1.

(1) PLACE OF BIRTH

County of

*Darlington*

Township of

*Mechanicville*

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.)

Registration District No. *1-2-7*

Registered No. *46009*

(For use of Local Registrar)

St. *.....* Ward *.....*

2) Full Name of Child

*Jake Johnson*

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

(1) BOY OR GIRL? <i>Boy</i>	(4) Twin or Triplet? <i>-</i> <small>To be answered only in case of twins or triplets</small>	(5) Number in order of birth <i>-</i>	(6) Are Parents Married? <i>Yes</i>	(7) DATE OF BIRTH <i>Jan 6 1906</i> <small>(Name of Month) (Day) (Year)</small>
FATHER		MOTHER		
(8) FULL NAME <i>J. M. Johnson</i>		(14) NAME BEFORE MARRIAGE <i>Julia Johnson</i>		
(9) PRESENT POSTOFFICE OF FATHER <i>Darlington</i>		(15) PRESENT POSTOFFICE OF MOTHER <i>Darlington</i>		
(10) COLOR OR RACE <i>Negro</i>	(11) AGE AT LAST BIRTHDAY <i>39</i> <small>(Years)</small>	(16) COLOR OR RACE <i>Negro</i>	(17) AGE AT LAST BIRTHDAY <i>36</i> <small>(Years)</small>	
(12) BIRTHPLACE <i>Darlington - Co</i>		(18) BIRTHPLACE <i>Charterfield C. S. C.</i>		
(13) OCCUPATION <i>Farming</i>		(19) OCCUPATION <i>Domestic</i>		
(20) Number of children born to mother, including present birth <i>3</i>		(21) Number of children of this mother now living, including present birth <i>3</i>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *Alive* (Born alive or stillborn) *2 P.M.* (Hour, A. M. or P. M.) on the date above stated.

(23) (Signature) *Isabel Johnson*

(24) State whether Physician or Midwife *Midwife* (25) Address of Physician or Midwife *Darlington R. D.*

Given name added from a supplemental report

(26) Witness *E. A. Early*  
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filled *Jan 10 1906* (28) *E. A. Early*  
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.

MARGIN RESERVED FOR BINDING. THIS IS A PLAINTEXT 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 5. McCaw, of Columbia.