

Form No. 1

(1) PLACE OF BIRTH, **CERTIFICATE OF BIRTH**  
 County of Georgetown **DEPARTMENT OF HEALTH**  
 Bureau of Vital Statistics  
 State Board of Health

File No. — For State Registration  
**55936**

Township of .....  
 or  
 Inc. Town of ..... Registration District No. 2182 Registered No. 116  
 or  
 City of Martinsburg (For use of Local Registrar)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>2</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec 15 1916</u> (Name of Month) (Day) (Year)
(8) FULL NAME <u>Cornelius Johnson</u>		(9) NAME BEFORE MARRIAGE <u>Julia Perry</u>		
(10) PRESENT POSTOFFICE OF FATHER <u>Georgetown D.C.</u>		(11) PRESENT POSTOFFICE OF MOTHER <u>Georgetown D.C.</u>		
(12) COLOR OR RACE <u>Col</u>	(13) AGE AT LAST BIRTHDAY <u>23</u> (Years)	(14) COLOR OR RACE <u>Col</u>	(15) AGE AT LAST BIRTHDAY <u>22</u> (Years)	
(16) BIRTHPLACE <u>Johns Island</u>		(17) BIRTHPLACE <u>I.C.</u>		
(18) OCCUPATION <u>Laborer</u>		(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>2</u>		(21) Number of children of this mother now living, including present birth <u>2</u>		

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(22) I hereby certify that I attended the birth of this child, who was born 4-0 M. on the date above stated.  
 (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) William Rogers

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

Given name added from a supplemental report ..... 131.....

(25) Witness (Signature of Witness necessary only when question 23 is signed by mother)  
W. S. W. J. Perry

(26) Filed Apr 17 1916 (27) W. S. W. J. Perry  
 Registrar

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

MARGIN RESERVED FOR INDEXING.

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 2.

McGaw, of Columbia.