

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.

McGaw, of Columbia.

(1) PLACE OF BIRTH
 County of Calhoun
 Township of Archie
 or
 Inc. Town of
 or
 City of (No. St.; Ward)

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

File No. For State Registrar Only
84554

Registration District No. 800 Registered No. 155
 (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 Arisey Johnson { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl (4) Twin or Triplet? X (5) Number in order of birth 1st (6) Are Parents Married? yes (7) DATE OF BIRTH Nov. 17, 1916
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Jack Johnson
 (9) PRESENT POSTOFFICE OF FATHER Y.M. Mott
 (10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 32 (Years)
 (12) BIRTHPLACE S.C.
 (13) OCCUPATION Ham Saborer
 (20) Number of children born to mother, including present birth { 5

MOTHER.

(14) NAME BEFORE MARRIAGE Emila Johnson
 (15) PRESENT POSTOFFICE OF MOTHER Y.M. Mott
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 30 (Years)
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION Ham Saborer
 (21) Number of children of this mother now living, including present birth { 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 3 P. (Born alive or stillborn) (Hour) (M. or P.M.) on the date above stated.

(23) (Signature) Harmon Jefferson (24) State whether Physician or Midwife (25) Address of Physician or Midwife Y.M. Mott

Given name added from a supplemental report

(26) Witness Emilia Mott (Signature of Witness necessary only when question 23 is signed by mother)

(27) Filed Dec. 8, 1916 (28) W. M. Mott 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.