

Form No. 10.

MARGIN RESERVED FOR BINDING.

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. McCaw, of Columbia.

(1) PLACE OF BIRTH

County of Calhoun

Township of Archie

or Inc. Town of .....

City of .....

CERTIFICATE OF BIRTH

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

File No. 84554 For State Registrar Only

Registration District No. 800 Registered No. 155

(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 Arisey Johnson { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl (4) Twin or Triplet?  (5) Number in order of birth 1/2 (6) Are Parents Married yes (7) DATE OF BIRTH Nov. 17, 1916

FATHER.  
(8) FULL NAME Jack Johnson  
(9) PRESENT POSTOFFICE OF FATHER Y.M. Motte  
(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 32 (Years)  
(12) BIRTHPLACE S.C.  
(13) OCCUPATION Home 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. Motte  
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 30 (Years)  
(18) BIRTHPLACE S.C.  
(19) OCCUPATION Home 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) Harriet Johnson (24) State whether Physician or Midwife (25) Address of Physician or Midwife

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

(26) Witness Opus Miller (Signature of Witness Necessary only when question 22 is signed by name)  
(27) Filed Dec. 5, 1916 (28) W. H. 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.