

WHITE PAPER, 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 Lawson
 or
 Inc. Town of
 or
 City of

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

File No. — For State Registrar Only
63309

Registration District No. 801 Registered No. 518
 (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 Piney Johnson If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 6, 1916
(To be answered only in case of Twins or Triplets) (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Piney Johnson
 (9) PRESENT POSTOFFICE OF FATHER Jamison
 (10) COLOR OR RACE C Negro (11) AGE AT LAST BIRTHDAY 21 (Years)
 (12) BIRTHPLACE S.C.
 (13) OCCUPATION Farm hand
 (20) Number of children born to mother, including present birth one

MOTHER.

(14) NAME BEFORE MARRIAGE Lucile Staley
 (15) PRESENT POSTOFFICE OF MOTHER Jamison
 (16) COLOR OR RACE C Negro (17) AGE AT LAST BIRTHDAY 19 (Years)
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION Farm hand
 (21) Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Lucile Staley
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Jamison

Given name added from a supplemental report

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Registrar

(26) Witness J. E. Johnson
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed July 6, 1916 (28) J. H. Thompson
 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.