

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

(1) PLACE OF BIRTH  
 County of Abbeville, S.C. STATE OF SOUTH CAROLINA.  
 Township of Abbeville Bureau of Vital Statistics  
 State Board of Health  
 Inc. Town of ..... Registration District No. .... Registered No. 21  
 City of Abbeville (No. Church (For use of Local Registrar)  
 (If birth occurs in a hospital, or other institution, give name of same instead of street and number.) St.: 3 Ward)

File No.—For State Registrar Only

50839

(2) Full Name of Child Charles Alpheus 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 ..... (6) Are Parents Married? Yes (7) DATE OF BIRTH March 15<sup>th</sup> 1916  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.  
 (8) FULL NAME Joseph Leroy Johnson  
 (9) PRESENT POSTOFFICE OF FATHER Abbeville S.C.  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 44 (Years)  
 (12) BIRTHPLACE Abbeville County S.C.  
 (13) OCCUPATION Chief of Police  
 (20) Number of children born to mother, including present birth 6

MOTHER.  
 (14) NAME BEFORE MARRIAGE Mary Francis McKeen  
 (15) PRESENT POSTOFFICE OF MOTHER Abbeville S.C.  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 40 (Years)  
 (18) BIRTHPLACE Abbeville County S.C.  
 (19) OCCUPATION House wife  
 (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 born alive at 120 P.M.  
 on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) J. H. Power M.D.  
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Abbeville S.C.

Given name added from a supplemental report

....., 191.....  
 Registrar

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

(27) Filed Mar 18<sup>th</sup> 1916 (28) T. G. Parin 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.

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