

Form No. 1.

(1) PLACE OF BIRTH

County of *Horry*  
Township of *Buckles*

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

90335

Registration District No. *2501* Registered No. *112*  
(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 *Annes Maybelle 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 ..... (6) Are Parents Married? *Yes* (7) DATE OF BIRTH *Dec 31* 19*14*  
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *Johnson Johnson*

(9) PRESENT POSTOFFICE OF FATHER *Toddaville SC.*

(10) COLOR OR RACE *Negro* (11) AGE AT LAST BIRTHDAY *30* (Years)

(12) BIRTHPLACE *Horry*

(13) OCCUPATION *Labourer*

(20) Number of children born to mother, including present birth { *3* }

MOTHER.

(14) NAME BEFORE MARRIAGE *Wm Flaya*

(15) PRESENT POSTOFFICE OF MOTHER *Toddaville SC.*

(16) COLOR OR RACE *Negro* (17) AGE AT LAST BIRTHDAY *23* (Years)

(18) BIRTHPLACE *Horry*

(19) OCCUPATION *Domestic*

(21) Number of children of this mother now living, including present birth { *3* }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was *Alive* at *12* *P.M.* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *Suey Flaya*

(24) State whether Physician or Midwife (25) Address of Physician or Midwife *Midwife Toddaville SC.*

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

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

(27) Filed *Jan 11 1915* (28) *S. F. Bourne* 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.

MAKING RESERVED FOR READING  
WHEN PLACED, WITH THE STATE BOARD OF HEALTH  
IN THE OFFICE OF THE REGISTRAR, COLUMBIA, S. C.  
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 1.  
McCaw, of Columbia.