

MARION HARRISON, FOR STATE REGISTRAR, WITH CERTIFICATE OF BIRTH, FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5. McCRAW OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Marion
Township of Brick
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
90333

Registration District No. 25.6.1 Registered No. 11.0.0.0
(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

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 12, 1916
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Geo. Orlin Johnson
(9) PRESENT POSTOFFICE OF FATHER Brickshot
(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 34 (Years)
(12) BIRTHPLACE Brickshot
(13) OCCUPATION Mill Hand
(20) Number of children born to mother, including present birth 1.8

MOTHER.
(14) NAME BEFORE MARRIAGE Janet W. Gray
(15) PRESENT POSTOFFICE OF MOTHER Brickshot
(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 34 (Years)
(18) BIRTHPLACE Brickshot
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth 1.8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Calvin Moore
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Brickshot

Given name added from a supplemental report
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..... 19 ..
Registrar

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Dec 14, 1916 (28) 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.