

M.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 8.
 McCaw, of Columbia

(1) PLACE OF BIRTH
 County of Charleston
 Township of
 or
 Inc. Town of
 or
 City of Charleston (No. 282 Laurens)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

File No.—For State Registrar Only
48301

Registration District No. 9A Registered No. 218
 (For use of Local Registrar.)
 St.; Ward)

(2) Full Name of Child Wiana B. Johnson

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

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in case of Twins or Triplets</small>	(5) Number in order of birth <u>2nd</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Feb 27 1906</u> <small>(Name of Month) (Day) (Year)</small>
(8) FULL NAME <u>Father: John Henry Johnson</u> (9) PRESENT POSTOFFICE OF FATHER <u>282 Laurens Charleston</u>			(14) NAME BEFORE MARRIAGE <u>Bessie Williams</u> (15) PRESENT POSTOFFICE OF MOTHER <u>Charleston S.C.</u>	
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>23</u> <small>(Years)</small>	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>20</u> <small>(Years)</small>	
(12) BIRTHPLACE <u>Charleston S.C.</u>		(18) BIRTHPLACE <u>Charleston S.C.</u>		
(13) OCCUPATION <u>Police</u>		(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>2nd</u>		(21) Number of children of this mother now living, including present birth <u>1</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 230 P
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Thayer Randall Nurse
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife 98 Calhoun

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 2/29 1916 (28) J. Mercier Green, Jr. 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.