CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
71332

(1) PLACE OF BIRTH
County of Anderson
Township of Williamston
or
Inc. Town of ..... Registration District No. 314 Registered No. 48
(For use of Local Reistrar)
or
City of ..... (No. ..... St.; ..... Ward)
(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?
(5) Number in order of birth
To be answered only in event of Twins or Triplets.
(6) Are Parents Married? Yes
(7) DATE OF BIRTH Aug 15, 1916
(Name of Month) (Day) (Year)

FATHER.	MOTHER.
(8) FULL NAME R. B. Johnson	(14) NAME BEFORE MARRIAGE Patran Bryant
(9) PRESENT POSTOFFICE OF FATHER Pelzer S.C.	(15) PRESENT POSTOFFICE OF MOTHER Pelzer S.C.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY (Years)	(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY (Years)
(12) BIRTHPLACE Anderson Co. S.C.	(18) BIRTHPLACE Anderson Co. S.C.
(13) OCCUPATION Farmer	(19) OCCUPATION House wife
(20) Number of children born to mother, including present birth 5	(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 about 4 P. M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. H. McGregory M.D.
(24) State whether Physician or Midwife: Physician
(25) Address of Physician or Midwife: Pelzer 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 8/11 1916 (28) Geo. H. Poore
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.

WRITE PLAINLY, WITH UNFADING INK—MARGIN RESERVED FOR BINDING.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OFFICIAL No. 2, etc., in question 5.

McGraw, of Columbia

Birth month of pregnancy