

## (1) PLACE OF BIRTH

County of Marion

Township of .....

Inc. Town of Mullins

City of .....

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

86559

Registration District No. 32.13 Registered No. 149

(For use of Local Registrar)

2) Full Name of Child Collette Eugenia Johnson { If child is not yet named, make supplemental report as directed

|                            |                                     |  |  |  |
|----------------------------|-------------------------------------|--|--|--|
| 3) <del>BOY</del><br>GIRL? | (4) Twin <u>Twin</u><br>or Triplet? | (5) Number in<br>order of birth <u>2</u> | (6) Are<br>Parents<br>Married <u>yes</u> | (7) DATE<br>BIRTH <u>Oct 18</u> 191 <u>6</u><br>(Name of Month) (Day) (Year) |
|----------------------------|-------------------------------------|--|--|--|

To be answered only in case of twins or triplets

## FATHER.

1) FULL NAME G. A. Johnson2) PRESENT POSTOFFICE OF FATHER Mullins S.C.3) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 33 (Year)(12) BIRTHPLACE Horsey Co. S.C.(13) OCCUPATION clerk(20) Number of children born to mother, including present birth { 2

## MOTHER.

(14) NAME BEFORE MARRIAGE Lottie Wolf(15) PRESENT POSTOFFICE OF MOTHER Mullins S.C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 28 (Years)(18) BIRTHPLACE Charleston S.C.(19) OCCUPATION Home wife(21) Number of children of this mother now living, including present birth { 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 7:30 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) D. A. Smith M.D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician Mullins S.C.(26) Witness J. A. Smith M.D.

(Signature of Witness necessary only when question 23 is signed by (24))

(27) Filed 11/28 1916 (28) L. H. Rogers Local Registrar

Given name added from a supplemental report

....., 191....

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.