

(1) PLACE OF BIRTH  
 County of Marion  
 Township of .....

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No. — For State Registrar Only  
**86559**

Inc. Town of Mullins Registration District No. 32 B Registered No. 149  
(For use of Local Registrar)  
 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 C. Lottie Eugenia Johnson } If child is not yet named, make supplemental report as directed

3) ~~BOY~~ GIRL?  (4) Twin Twin or Triplet?  (5) Number in order of birth 2 (6) Are Parents Married yes (7) DATE OF BIRTH Oct 18 1916  
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

**FATHER.**  
 8) FULL NAME G. A. Johnson  
 9) PRESENT POSTOFFICE OF FATHER Mullins S.C.  
 10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 33 (Year)  
 12) BIRTHPLACE Harvey 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) J. A. Smith M.D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Physician Mullins S.C.

Given name added from a supplemental report

(26) Witness J. A. Smith M.D.  
(Signature of Witness necessary only when question 23 is signed by (23))

..... 191.....  
 Registrar

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

No. 2.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the CHILD-POSITION, No. 1, THE OTHER, No. 2, etc., in question 8.