

Form No. 1

(1) PLACE OF BIRTH
 County of Georgetown
 Township of
 Inc. Town of
 City of
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH
 BUREAU OF VITAL STATISTICS
 Bureau of Vital Statistics
 State Board of Health

File No. — For State Register Only
55937

Registration District No. 2102 Registered No. 17
 (For use of Local Registrar)

(2) Full Name of Child Paul Johnson If child is not yet named, make supplemental report as directed.

(3) BOY OR GIRL? Boy (4) Twin or Triplet? twins (5) Number in order of birth 1st (6) Are Parents Married? yes (7) DATE OF BIRTH Feb 15 1906
 (Name of Month) (Day) (Year)

FATHER. MOTHER.

(8) FULL NAME Cornelius Johnson (9) NAME BEFORE MARRIAGE Julia Penn
 (10) PRESENT POSTOFFICE OF FATHER Georgetown S.C. (11) PRESENT POSTOFFICE OF MOTHER Georgetown
 (12) COLOR OR RACE col (13) AGE AT LAST BIRTHDAY 23 (14) COLOR OR RACE col (15) AGE AT LAST BIRTHDAY 22
 (Year) (Year)

(16) BIRTHPLACE John's Island S.C. (17) BIRTHPLACE S.C.
 (18) OCCUPATION Laborer (19) OCCUPATION At Home

(20) Number of children born to mother, including present birth 2 (21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Dr. King J. J. (24) State whether Physician or Midwife midwife (25) Signature of Registrar or Registrar's Deputy C. S. Wiley
 (26) Witness (Signature of Witness necessary only when question 23 is signed by mark) Dr. King J. J.
 (27) Filed Apr 19 1906 (28) C. S. Wiley Local Registrar

Given name added from a supplemental report 1st
 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.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

M. E.—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 5.

McCaw, of Columbia.