

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

File No.—For State Registrar Only
71213

County of *Anderson*

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Township of *Williamston*

or
Inc. Town of

Registration District No. *3B*

Registered No. *53*
(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 *Geneva F. Johnston* } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? *girl*

(4) Twin or Triplet? *No*
To be answered only in event of Twins or Triplets

(5) Number in order of birth *36*

(6) Are Parents Married? *yes*

(7) DATE OF BIRTH *August 26*, 191*6*
(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME *Willis Frederic Johnston*

(14) NAME BEFORE MARRIAGE *Ida Mertilla Fleming*

(9) PRESENT POSTOFFICE OF FATHER *Piedmont S.C.*

(15) PRESENT POSTOFFICE OF MOTHER *Piedmont S.C.*

(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *36* (Years)

(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *42* (Years)

(12) BIRTHPLACE *Williamston town S.C.*

(18) BIRTHPLACE *Brushy Creek town S.C.*

(13) OCCUPATION *Farmer*

(19) OCCUPATION *House Keeping*

(20) Number of children born to mother, including present birth *4*

(21) Number of children of this mother now living, including present birth *3*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *Alive* at *5-0* M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *Myrtie Richerson*

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

Given name added from a supplemental report

(26) Witness *[Signature]*
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed *Sept 20 1916* (28) *[Signature]* 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.

fifth month of pregnancy.

McGraw-Hill of Columbia