

## (1) PLACE OF BIRTH

County of *Anderson*Township of *Williamston*or  
Inc. Town of  
orCity of ..... (No. .... St.; .... Ward)  
(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

71213

(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? (5) Number in order of birth (6) Are Parents Married? *yes* (7) DATE OF BIRTH *August 26* 191*6*  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME *Willis Frederic Johnston*(9) PRESENT POSTOFFICE OF FATHER *Piedmont S.C.*(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *36* (Years)(12) BIRTHPLACE *Williamston town S.C.*(13) OCCUPATION *Farmer*(20) Number of children born to mother, including present birth { *4* }

## MOTHER.

(14) NAME BEFORE MARRIAGE *Ida Mertilla Fleming*(15) PRESENT POSTOFFICE OF MOTHER *Piedmont S.C.*(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *42* (Years)(18) BIRTHPLACE *Brushy Creek town S.C.*(19) OCCUPATION *House Keeping*(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) *Myrtice Richerson*

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

*Midwife* *Piedmont S.C.*

Given name added from a supplemental report

....., 191.....

..... Registrar

(26) Witness *Ida Fleming*  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed *Sept 20 1916* (28) *Ida Fleming* 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.

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