

PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

81236

County of Wayne

Township of Harrison

Registration District No. 1602 Registered No. 89
(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.

Full Name of Child Walter Johnson { If child is not yet named, make supplemental report as directed

SEX OR RELATION Boy (4) Twin or triplet? (5) Number in order of birth 34 (6) Are Yes Parents Married? (7) DATE OF BIRTH July 29 1916
(Name of Month) (Day) (Year)

FATHER.
FULL NAME Ernie Johnson
PRESENT POSTOFFICE OF FATHER Homer Va
COLOR OF RACE White (11) AGE AT LAST BIRTHDAY 34 (Years)
BIRTHPLACE Mo
OCCUPATION Farmer
Number of children born to mother, including present birth 7

MOTHER.
(14) NAME BEFORE MARRIAGE Veipie Bass
(15) PRESENT POSTOFFICE OF MOTHER Homer Va
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 19 (Years)
(18) BIRTHPLACE Mo
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) E. W. Chalmers M.D.

(24) State whether Physician or Midwife | (25) Address of Physician or Midwife
Phys | Rowland Va

Name added from a supplemental report
..... 191.....
Registrar

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

(27) Filed July 30 1916 (28) W. C. Henderson 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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K O O D