

N. B.—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.

MOGAW OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Greenville
Township of Greenville
or
Inc. Town of
or
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

90363

Registration District No. 2505 Registered No. 88
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 17 1916
(Name of Month) (Day) (Year)

FATHER. (8) FULL NAME Walter Johnson (9) PRESENT POSTOFFICE OF FATHER St Andrews Ferry S.C. (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 27 (Years) (12) BIRTHPLACE Greenville S.C. (13) OCCUPATION Farmer (14) NAME BEFORE MARRIAGE Mama O'Neal (15) PRESENT POSTOFFICE OF MOTHER St Andrews Ferry S.C. (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 37 (Years) (18) BIRTHPLACE Greenville S.C. (19) OCCUPATION House wife (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 Born alive at 6 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Dr. C. A. Jones (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife St Andrews Ferry

Given name added from a supplemental report

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

(27) Filed Dec 20 1916 (28) Geo. M. Higgins 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.