

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

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.

McCaw, of Columbia.

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

(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

58805

Registration District No.

Registered No.

(For use of Local Registrar)

(2) Full Name of Child

If child is not yet named, make supplemental report as directed.

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

Twin

(5) Number in order of birth

#2

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

May 22

1916

(8) FULL NAME

Philip Johnson

(9) PRESENT POSTOFFICE OF FATHER

Frogmore S.C.

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

44

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

29

(12) BIRTHPLACE

Frogmore S.C.

(18) BIRTHPLACE

Frogmore S.C.

(13) OCCUPATION

Farmer

(19) OCCUPATION

Store Keeper

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

13

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

10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 9 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Geo. H. Sailer

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Frogmore S.C.

Frogmore S.C.

Given name added from a supplemental report

(26) Witness

W. H. Sailer

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

(27) Filed

3/24 1916

(28)

Geo. H. Sailer

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.