(1) PLACE OF BIRTH

County of Abbeville

Township of .....

or

Inc. Town of Abbeville

or

City of Abbeville (No. Blue Hill St.; 3rd 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
25625

Registration District No. 1-A Registered No. 90
(For use of Local Reistrar)

(2) Full Name of Child [illegible] Johnson } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy

(4) Twin or Triplet? V

(5) Number in order of birth V

To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Aug (Name of Month) 27 (Day) 1915 (Year)

FATHER.	MOTHER.
(8) FULL NAME Scott Johnson	(14) NAME BEFORE MARRIAGE Lizzie Wright
(9) PRESENT POSTOFFICE OF FATHER Abbeville	(15) PRESENT POSTOFFICE OF MOTHER Abbeville
(10) COLOR OR RACE Colored (Negro) (11) AGE AT LAST BIRTHDAY 34 (Years)	(16) COLOR OR RACE Colored (Negro) (17) AGE AT LAST BIRTHDAY 30 (Years)
(12) BIRTHPLACE Abbeville Co	(18) BIRTHPLACE Abbeville Co
(13) OCCUPATION Day Laborer	(19) OCCUPATION Day Laborer
(20) Number of children born to mother, including present birth 5	(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 10 a.m. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Jas. P. White M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Abbeville S.C.

Given name added from a supplemental report

....., 191..

Registrar

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

(27) Filed Aug 26 191.. (28) [illegible] Perrin
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.

FORM NO. 5

MARGIN RESERVED FOR BINDING.

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