

Form No. 1

## (1) PLACE OF BIRTH

County of Sumter

Township of .....

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

5371

Registration District No. .... Registered No. 20

(For use of Local Registrar)

(No. .... St. .... Ward)

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

(2) Full Name of Child Orla Johnson

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

(3) BOY OR GIRL <u>Girl</u>	(4) Type of Birth <u>Normal</u>	(5) Number in order of birth	(6) Age of Mother <u>22</u>	(7) DATE OF BIRTH <u>Feb 22 1923</u>
To be answered only in event of Twin or Triplets				(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Osby Johnson

(9) PRESENT POSTOFFICE OF FATHER Manning St

(10) COLOR OR RACE White

(11) AGE AT LAST BIRTHDAY 29

(12) BIRTHPLACE Anderson Co.

(13) OCCUPATION Farming

(14) Number of children born to mother, including present birth 1

## MOTHER.

(15) NAME BEFORE MARRIAGE Emma Johnson

(16) PRESENT POSTOFFICE OF MOTHER Manning St

(17) COLOR OR RACE White

(18) AGE AT LAST BIRTHDAY 26

(19) BIRTHPLACE Anderson Co.

(20) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

on the date above stated.

(23) (Signature) Sophie Johnson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed 19 (28) Carl B. Egan Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make the report. If a child breathes even once, it must not be reported as stillborn. No report is desired or submitted before the fifth month of pregnancy.

MAKING RESERVES FOR BIRTHING.

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

IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FORM EACH CHILD, AND MARK THE FIRST-BORN. NO. 1. THE OTHER, NO. 2, ETC., IN QUESTION 3.

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