

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 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 1.

(1) PLACE OF BIRTH

County of Sumter  
 Township of Fulton  
 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  
**26480**

Registration District No. 4111 Registered No. 30  
 (For use of Local Registrar)

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

(3) BOY OR GIRL girl (4) Twin or Triplet? To be answered only in case of Twins or Triplets (5) Number in order of birth ..... (6) Are Parents Married yes (7) DATE OF BIRTH July 10, 1923  
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Robert Johnson  
 (9) PRESENT POSTOFFICE OF FATHER Timini S.C.  
 (10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 45  
 (Years)  
 (12) BIRTHPLACE S.C.  
 (13) OCCUPATION Farm  
 (14) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Sarah Jones  
 (15) PRESENT POSTOFFICE OF MOTHER Timini S.C.  
 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 20  
 (Years)  
 (18) BIRTHPLACE S.C.  
 (19) OCCUPATION House wife  
 (20) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 11:20 AM,  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Matilda White  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Timini S.C.

Given name added from a supplemental report

(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed Sept. 10, 1923 (28) C. S. Giffin 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.