

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate.)

U. S. Dept. of Commerce
Bureau of the Census

1. PLACE OF BIRTH

County of Sumter
Township of Calvary
or
Inc. Town of Pinewood, S. C.
or
City of _____

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 4110

23 048082

Registrar Only

013277

Registered No. _____
(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 Emmaline Johnson

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

3. Boy or Girl Girl If Plural births _____ 4. Twin, triplet or other _____ 5. Number, in order of birth _____ 6. Premature _____ 7. Are Parents Married? Yes 8. Date of birth June 21 1923
(Month, day, year)

9. Full name FATHER
John H. Johnson

18. Name before marriage MOTHER
Lula Johnson

10. Residence (mailing address)
(If non-resident, give place and State) Pinewood, S. C.

19. Residence (mailing address)
(If non-resident, give place and State) Pinewood, S. C.

11. Color or race Negro 12. Age at child's birth 45 (years)

20. Color or race Negro 21. Age at child's birth 36 (years)

13. Birthplace (city or place)
(State or country) South Carolina

22. Birthplace (city or place)
(State or country) South Carolina

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. Cook

15. Industry or business in which work done, as silk mill, sawmill, bank, etc.

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

16. Date (month and year) last engaged in this work

17. Total time (years) spent in this work

25. Date (month and year) last engaged in this work

26. Total time (years) spent in this work

27. Number of children of this mother (At time of birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead _____ (c) Stillborn _____

28. If stillborn, period of gestation _____ months _____ weeks

29. Cause of stillbirth _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was born at alive - 7A m. on the date above stated.

(Born alive or stillborn)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

W. H. Johnson (Signed) Lula X Johnson Parent

Given name added from a supplementary report _____ (Date of)

or _____ Guardian

Address Pinewood, S. C.

Filed Apr. 12, 1943 W. H. Johnson Registrar

Registrar.