

(1) PLACE OF BIRTH

County of SumterTownship of 1or
Loc. Town ofor
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthNo. 30381Registration District No. Registered No. 100
(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 May E. Ethel Johnson If child is not yet named, make supplemental report as directed

| | | | | |
|---|--|--|--|--|
| (3) SEX OF CHILD <u>Girl</u> | (4) Type of Triplet To be answered only in case of Triplet or Triplet | (5) Number in order of birth <u>2</u> | (6) Is Child Living <u>Yes</u> | (7) DATE OF BIRTH <u>April 12, 1923</u> |
| (8) FULL NAME OF FATHER <u>Ernest Johnson</u> | | | (14) NAME BEFORE MARRIAGE <u>Castell</u> | |
| (9) PRESENT POSTOFFICE OF FATHER <u>Sumter SC</u> | | | (15) PRESENT POSTOFFICE OF MOTHER <u>Sumter SC</u> | |
| (10) COLOR OR RACE <u>Cauc</u> | (11) AGE AT LAST BIRTHDAY <u>23</u> | (16) COLOR OR RACE <u>Cauc</u> | | |
| (12) BIRTHPLACE <u>Sumter SC</u> | (13) OCCUPATION <u>Farming</u> | (17) AGE AT LAST BIRTHDAY <u>19</u> | | |
| (18) BIRTHPLACE <u>Sumter SC</u> | | | (19) OCCUPATION <u>at home</u> | |
| (20) Number of children born to mother, including present birth <u>2</u> | | | (21) Number of children of this mother now living, including present birth <u>2</u> | |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alvin at 11:20 A.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Lennil Hobbs
(24) State whether Physician or Midwife Midwife (25) Address of Practitioner Sumter SCGiven name added from a supplemental report
(26) Witness (Signature of Witness necessary only when question 25 is signed by mark)
(27) Filed 19 (28) 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.

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