

Form No. 1

(1) PLACE OF BIRTH

County of Sumter

Township of

or
Inc. Town ofor
City of Sumter, S.C.

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

(2) Full Name of Child Tommye Johnson(3) BOY OR GIRL Boy (4) Twin or Triplet? 4 (5) Number in order of birth 4 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sep 21, 22FATHER. (8) FULL NAME Robert Johnson (14) NAME BEFORE MARRIAGE Emma Line Bono(9) PRESENT POSTOFFICE OF FATHER Sumter, S.C. (15) PRESENT POSTOFFICE OF MOTHER Sumter, S.C.(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 37 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 27(12) BIRTHPLACE Ellmore, S.C. (18) BIRTHPLACE Eastover, S.C.(13) OCCUPATION Driver (19) OCCUPATION Housework(20) Number of children born to mother, including present birth 4 (21) 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 11:30 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Susie Elmore (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife 567 So Main Sumter, 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 Oct 10, 22 (28) A. B. Brown 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.

MARGIN RESERVED FOR BINDING. 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 5.