

FORM NO. 5.

(1) PLACE OF BIRTH

County of SumterTownship of Sumter

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.)

(2) Full Name of Child (Unnamed) John

File No.—For State Registrar Only

44945

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Registration District No. 4302 Registered No. 93

(For use of Local Registrar)

St.; Ward

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

(3) BOY OR GIRL? Girl

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes(7) DATE OF BIRTH Dec. 19, 1921

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME J. C. Johnson(9) PRESENT POSTOFFICE OF FATHER Sumter(10) COLOR OR RACE Negro(11) AGE AT LAST BIRTHDAY 31

(Years)

(12) BIRTHPLACE Sumter(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Francis Cooper(15) PRESENT POSTOFFICE OF MOTHER Sumter(16) COLOR OR RACE Negro(17) AGE AT LAST BIRTHDAY 28

(Years)

(18) BIRTHPLACE Sumter(19) OCCUPATION Housekeeper(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 at 12 P. M., (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.(23) (Signature) Sarah X. Wilson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Sumter

Given name added from a supplemental report

(26) Witness Ben H. Ashcraft

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

(27) Filed Dec 22 1921

(28)

B. E. Blackman
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.

MAKING RESERVES. END BINDING.

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

N. B.—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.

McGraw-Hill of Columbia