

MARGIN RESERVED FOR BINDING.  
WRITE PLAINLY, WITH 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

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Sumter</u>		STATE OF SOUTH CAROLINA		20313	
Township of <u>Privateer</u>		Bureau of Vital Statistics			
or		State Board of Health			
Inc. Town of .....		Registration District No. <u>4104</u>		Registered No. <u>77</u>	
or				(For use of Local Registrar)	
City of .....		(No. .... St.; .... Ward)			
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)					
(2) Full Name of Child <u>Marien Johnson</u>		(If child is not yet named, make supplemental report as directed)			
(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>---</u>	(5) Number in order of birth <u>---</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>June, 10-23, 19</u>	
To be answered only in case of Twins or Triplets					
FATHER.			MOTHER.		
(8) FULL NAME <u>Isaiah Johnson</u>			(14) NAME BEFORE MARRIAGE <u>Ida Moses</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Sumter, S.C. No. 2.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Sumter, S.C. No</u>		
(10) COLOR OR RACE <u>Colored</u>			(16) COLOR OR RACE <u>Colored</u>		
(11) AGE AT LAST BIRTHDAY <u>36</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>37</u> (Years)		
(12) BIRTHPLACE <u>Sumter County, S.C.</u>			(18) BIRTHPLACE <u>Sumter County, S.C.</u>		
(13) OCCUPATION <u>Farming</u>			(19) OCCUPATION <u>House and Field Work.</u>		
(20) Number of children born to mother, including present birth <u>Nine</u>			(21) Number of children of this mother now living, including present birth <u>Six</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(22) I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>8 PM.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Hannie B. B. B.</u>					
(24) State whether Physician or Midwife <u>Midwife</u>					
(25) Address of Physician or Midwife <u>Sumter, S.C.</u>					
Given name added from a supplemental report					
(26) Witness <u>Isaiah Johnson</u> (Signature of Witness necessary only when question 23 is signed by mark)					
(27) Filed <u>6-20-1922</u> 19 <u>Local Registrar</u>					

\*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.