

(1) PLACE OF BIRTH

County of Sumter
 Township of Mayerroll
 or
 Inc. Town of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

No. 30331—For State Registrar Only

30331

Registration District No. 4102Registered No. 81
(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

Lucius JohnsonIf child is not yet named, make
(supplemental report as directed)

(a) Sex Boy (b) Twin or Triplet No (c) Number by order of birth 1st (d) Age 15 (e) Date of birth Oct 15 1923
 To be answered only in case of Twin or Triplet (f) Month (g) Day (h) Year

FATHER: (1) Name Charley Johnson (14) Name Charley Johnson
 (2) Present Postoffice of Father Mayerroll SC (15) Present Postoffice of Mother Mayerroll SC
 (16) Color or Race Al (17) Age at last birthday 39 (18) Color or Race Al (19) Age at last birthday 36
 (20) Birthplace SC (21) Birthplace SC
 (22) Occupation Farmer (23) Occupation Housewife
 (24) Number of children born to mother, including present birth 19 (25) Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(26) I hereby certify that I attended the birth of this child, who was at P. M.
 on the date above stated. (Signature or initials) (Name, M. or F. M.)

(27) (Signature) Lucius Johnson(28) State whether Physician or Midwife Midwife(29) Address of Physician or Midwife Mayerroll SC

Given name added from a supplemental report

(30) Witness
 Signature of Witness necessary only when question 23 is signed by mother
 (31) Date Oct 6 1923 (32) Local Registrar CS (W) J. H.

*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.