

MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFAINTING 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 6.

(1) PLACE OF BIRTH County of <u>Sumter</u> Township of <u>Mayssville</u> or Inc. Town of _____ or City of _____ (No. _____ St.; _____ Ward) (if birth occurs in a hospital or other institution, give name of same instead of street and number.)		CERTIFICATE OF BIRTH STATE OF SOUTH CAROLINA. Bureau of Vital Statistics State Board of Health		File No.—For State Registrar Only 50569	
(2) Full Name of Child <u>L. L. Johnson</u>		Registration District No. <u>4102</u>		Registered No. <u>70</u> (For use of Local Registrar)	
(3) SEX OR GIRL?	(4) Twin or Triplet? <small>To be answered only in case of twins or triplets</small>	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Feb. 25</u> (Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Hamilton Thomas</u>			(14) NAME BEFORE MARRIAGE <u>Hannah Johnson</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Cardinia</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Mayssville Fl.</u>		
(10) COLOR OR RACE <u>Colored</u> (11) AGE AT LAST BIRTHDAY <u>24</u> (Years)			(16) COLOR OR RACE <u>Colored</u> (17) AGE AT LAST BIRTHDAY <u>16</u> (Years)		
(12) BIRTHPLACE <u>McLendon Plantation Fl.</u>			(18) BIRTHPLACE <u>Johnson Plantation Fl.</u>		
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Farmer</u> <u>Hannah W. Johnson</u>		
(20) Number of children born to mother, including present birth <u>one</u>			(21) Number of children of this mother now living, including present birth <u>one</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 _____, P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>L. L. Johnson</u>					
(24) State whether Physician or Midwife (25) Address of Physician or Midwife <u>Midwife Mayssville S. C. 270</u>					
Given name added from a supplemental report _____, 191____		(26) Witness <u>L. L. Johnson</u> (Signature of Witness necessary only when question 23 is signed by mark)			
_____ Registrar		(27) Filed <u>Mar 10</u> 191 <u>6</u> (28) <u>W. H. Thomas</u> 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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