

(1) PLACE OF BIRTH

County of Sumter
 Township of Sumter
 or
 Inc. Town of Sumter
 or
 City of Sumter

CERTIFICATE OF BIRTH

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

34032

Registration District No. 4108 Registered No. 118
 (For use of Local Registrar)

(2) Full Name of Child Ladellene Johnson (If child is not yet named, give name of child at birth.)

(a) SEX girl (b) Type of Birth Normal (c) Number of Births to Mother 2 (d) Date of Birth Sept 21, 1923

FATHER.

(1) FULL NAME Winch Johnson
 (2) PRESENT RESIDENCE OF FATHER Sumter, S.C.
 (3) COLOR Colored (4) AGE AT LAST BIRTH 27
 (5) BIRTHPLACE Sumter Co
 (6) OCCUPATION Mill work
 (7) Number of children born to father, including present birth One

MOTHER.

(1) NAME BEFORE MARRIAGE Abbie Pearson
 (2) PRESENT RESIDENCE OF MOTHER Sumter, S.C.
 (3) COLOR Colored (4) AGE AT LAST BIRTH 24
 (5) BIRTHPLACE Sumter Co
 (6) OCCUPATION House wife
 (7) Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(18) I hereby certify that I attended the birth of this child, who was born on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.) 4 A.

(19) (Signature) A. M. E. J.
 (20) Name of Physician or Midwife Mid wife (21) Address of Physician or Midwife Sumter, S.C.

Given name and date of registration of the report

(22) Witness (Signature of Witness necessary only when question 21 is signed by mark)

(23) Filed 12-10-23 (24) Carl B. C. C. Local Registrar

If the child is born at a hospital, then the father, householder, etc., should make this report. If the child is born at home, it must be reported as stillborn. No report is desired of stillborns before the birth month of pregnancy.