

(1) PLACE OF BIRTH

County of Sumter

Township of

or
Inc. Town of

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 Johnston Dow (If child is not yet named, make supplemental report as directed)(3) SEX OR GENDER Boy (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are parents married Yes (7) DATE OF BIRTH Nov 8, 1923 (Name of Month) (Day) (Year)FATHER. (8) NAME BEFORE MARRIAGE Lula Bremer(9) PRESENT RESIDENCE OF FATHER Sumter, S.C.(10) COLOR OR RACE col. (11) AGE AT LAST BIRTHDAY 24 (Year)(12) BIRTHPLACE S.C.(13) OCCUPATION Farming(14) NUMBER OF CHILDREN BORN TO MOTHER, INCLUDING PRESENT BIRTH 2(15) NAME BEFORE MARRIAGE Lula Bremer(16) PRESENT RESIDENCE OF MOTHER Sumter, S.C.(17) COLOR OR RACE col. (18) AGE AT LAST BIRTHDAY 28 (Year)(19) BIRTHPLACE S.C.(20) OCCUPATION Housewife(21) NUMBER OF CHILDREN OF THIS MOTHER NOW LIVING, INCLUDING PRESENT BIRTH 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) (Hour A. M. or P. M.)

(23) on the date above stated.

(24) (Signature) Dr. B. B. B. (25) State whether Physician or Midwife Physician (26) Address of Physician or Midwife Sumter, S.C.

(27) Given name added from a supplemental report

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

(29) Date Nov 10, 1923 (30) Local Registrar Carl B. B.

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.