

(1) PLACE OF BIRTH

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

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

24092

Registration District No. 4-105Registered No. 62

(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Mary Lee Johnson { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH June 28 22
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Murray Johnson(9) PRESENT POSTOFFICE OF FATHER Dalzell S.C.(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 21
 (Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Minnie Lincoln(15) PRESENT POSTOFFICE OF MOTHER Dalzell S.C.(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 19
 (Years)(18) BIRTHPLACE S.C.(19) 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 alive at 12 M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Julia Parker
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Dalzell S.C.

Given name added from a supplemental report

(26) Witness Mrs. Ora Burkett
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed July 6th 1922 (28) J.B. Raffield
 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.