

(1) PLACE OF BIRTH

County of Lee
 Township of Bishopville
 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

43347

Registration District No. 3000 Registered No. 5-5
 (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 Beloum Johnson (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>March 26, 1922</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Robert Johnson
 (9) PRESENT POSTOFFICE OF FATHER Bishopville S.C.
 (10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 40 (Years)
 (12) BIRTHPLACE Lee Co
 (13) OCCUPATION Day Labor
 (20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Carry Johnson
 (15) PRESENT POSTOFFICE OF MOTHER Bishopville S.C.
 (16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 36 (Years)
 (18) BIRTHPLACE Lee Co
 (19) OCCUPATION Home work
 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was.....at.....M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
M.B. Woodward, M.D. (23) (Signature) Carmilla Boon
affd 9/17/43 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Bishopville

Given name added from a supplemental report

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

(27) Filed Jan.....1923. (28) Mr. N. J. Laney Local Registrar

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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.