

RECORDS PRESERVED FOR READING.
 WRITES PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 M. B.—In case of twins or triplets use a separate blank for each child, and mark on
 FIRST-BORN, No. 1. THE OTHER, No. 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100.

(1) PLACE OF BIRTH County of <u>Sumter</u> Township of <u>Mayesville</u> or Inc. Town of <u>Mayesville</u> or City of <u>Mayesville</u> (If birth occurs in a hospital or 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 5332
Registration District No. <u>4102</u> Registered No. <u>9</u> (For use of Local Registrar)		Ward: <u>St. 1</u>		
(2) Full Name of Child <u>Luther Johnson</u>		If child is not yet named, make supplemental report as directed		
(3) SEX <u>Boy</u>	(4) Twin or Triplet To be answered only in case of Twin or Triplet	(5) Number in order of birth	(6) Age Parents Married <u>Yes</u>	
(7) DATE OF BIRTH <u>Feb 17, 23</u>		(8) DATE OF BIRTH (Name of Month) (Day) (Year)		
FATHER (9) FULL NAME <u>Frank Mull</u> (10) PRESENT POSTOFFICE OF FATHER <u>Mayesville, SC</u> (11) COLOR OR RACE <u>Cal</u> (12) BIRTHPLACE <u>SC</u> (13) OCCUPATION <u></u> (14) Number of children born to mother, including present birth <u>3</u>		MOTHER (15) NAME BEFORE MARRIAGE <u>Bessie Johnson</u> (16) PRESENT POSTOFFICE OF MOTHER <u>Mayesville, SC</u> (17) COLOR OR RACE <u>Cal</u> (18) BIRTHPLACE <u></u> (19) OCCUPATION <u></u> (20) Number of children of this mother now living, including present birth <u>3</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE (21) I hereby certify that I attended the birth of this child, who was <u>born</u> at <u>10 P.</u> M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.) (22) (Signature) <u>Better Alexander</u> (23) State whether Physician or Midwife <u>Midwife</u> (24) Address of Physician or Midwife <u>Mayesville, SC</u> (25) Given name added from a supplemental report <u></u> (26) Witness (Signature of Witness necessary only when question 23 is signed by <u>Dr. Cooper</u>) (27) Date <u>Feb 23, 23</u> (28) Registrar <u>Dr. Cooper</u>				

*When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.