

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
19301

Registration District No. 3000 Registered No. 31
 (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 Johnnie Mack If child is not yet named, make supplemental report as directed

3) SEX OR Male 4) Twin or Triplet? No 5) Number in order of birth 1 6) Are Parents Married? Yes 7) DATE OF BIRTH June 1, 1922
 (Name) (Month) (Day) (Year)

FATHER.		MOTHER.	
8) FULL NAME <u>Lee Mack</u>	14) NAME BEFORE MARRIAGE <u>Ada Mahoney</u>	15) PRESENT POSTOFFICE OF FATHER <u>Bishopville S.C.</u>	16) PRESENT POSTOFFICE OF MOTHER <u>Bishopville S.C.</u>
10) COLOR OR RACE <u>W</u>	11) AGE AT LAST BIRTHDAY <u>29</u> (Years)	17) COLOR OR RACE <u>W</u>	18) AGE AT LAST BIRTHDAY <u>26</u> (Years)
12) BIRTHPLACE <u>Lee Co</u>	19) OCCUPATION <u>House Painter</u>	20) BIRTHPLACE <u>Lee</u>	21) Number of children of this mother now living, including present birth <u>4</u>
13) OCCUPATION <u>Farmer</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Maggie H. Utton
 (24) State whether Physician or Midwife Midwife Address of Physician or Midwife Bishopville S.C.

Given name added from a supplemental report.....
 (25) Witness.....
 (26) Signature of Witness necessary only when question 23 is signed by mark.....
 (27) Filed June 17, 1922 at Lee Registrar

*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. This report is desired of stillbirths before the fifth month of pregnancy.