

(1) PLACE OF BIRTH

County of Sumter
 Township of Mayerville
 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

1929

Registration District No. 4102Registered No. 17
(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 Maria Johnson

If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD Girl (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH Mar 4 1929
 (Name of Month) (Day) (Year)

FATHER		MOTHER	
(8) FULL NAME <u>Mills Johnson</u>	(14) NAME BEFORE MARRIAGE <u>Maggie Johnson</u>	(10) PRESENT POSTOFFICE OF FATHER <u>Mayerville SC</u>	(16) PRESENT POSTOFFICE OF MOTHER <u>Mayerville</u>
(12) COLOR OR RACE <u>W</u>	(18) COLOR OR RACE <u>W</u>	(11) AGE AT LAST BIRTHDAY <u>23</u> (Years)	(17) AGE AT LAST BIRTHDAY <u>22</u> (Years)
(13) BIRTHPLACE <u>SC</u>	(15) BIRTHPLACE <u>SC</u>	(19) OCCUPATION <u>Farmer</u>	(18) OCCUPATION <u>Housewife</u>
(20) Number of children born to mother, including present birth <u>3</u>	(21) Number of children of this mother now living, including present birth <u>3</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 9 P M., on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) Ruth Cooper(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Mayerville SC

Given name added from a supplemental report

(26) Witness

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

(27) Filed Mar 15 1929

(28)

Local 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.