

## (1) PLACE OF BIRTH

County of .....

Township of .....

or  
Inc. Town of .....or  
City of Sumter

(If birth occurs in a hospital or other 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

8637

Registration District No. 410 Registered No. 51

(For use of Local Registrar)

## (2) Full Name of Child

Mary Anna Johns

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

(3) BOY OR GIRL

Girl

(4) Twin or Triplet

No

Number in order of birth

(5) Sex

Female

(6) DATE OF BIRTH

Feb 201925

(Name of Month)

(Day)

(Year)

## FATHER.

(8) FULL NAME

C. Howard Johns

(9) PRESENT POSTOFFICE OF FATHER

Sumter, S.C.

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

29

(Year)

(12) BIRTHPLACE

Georgia

(13) OCCUPATION

Mechanic

## MOTHER.

(14) NAME BEFORE MARRIAGE

Blanche White

(15) PRESENT POSTOFFICE OF MOTHER

Sumter, S.C.

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

18

(Year)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Housewife

(20) Number of children born to mother, including present birth

2

(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 ...  
on the date above stated.at 9 P. M.,

(Born alive or stillborn) (Hour, P. M. or P. M.)

(23) (Signature)

J. R. L. L. L.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Sumter, S.C.

(Given name added from a supplemental report)

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed

19

(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.

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