

Form No. 10.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

K. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

Caw. of Columbia.

(1) PLACE OF BIRTH  
 County of Sumter  
 Township of Sumter  
 or  
 Inc. Town of .....  
 or  
 City of ..... (No. .... St.; ..... Ward)  
 (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

44823

Registration District No. 41.08. Registered No. 181  
 (For use of Local Registrar)

(2) Full Name of Child Mandon Johnson } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Mar 27 1922  
 (Name of Month) (Day) (Year)  
 To be answered only in event of Twins or Triplets

## FATHER.

(8) FULL NAME William Johnson  
 (9) PRESENT POSTOFFICE OF FATHER Sumter S.C.  
 (10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 19 (Years)  
 (12) BIRTHPLACE Sumter County  
 (13) OCCUPATION farmer  
 (20) Number of children born to mother, including present birth only 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Ethna McQuilla  
 (15) PRESENT POSTOFFICE OF MOTHER Sumter S.C.  
 (16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 17 (Years)  
 (18) BIRTHPLACE Sumter County  
 (19) OCCUPATION farmer  
 (21) Number of children of this mother now living, including present birth one

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) midwife Mrs Rachel Harrison  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report  
 ..... 191.....  
 Registrar

(26) Witness millie mcquilla  
 (Signature of witness necessary only when question 23 is signed by mark)

(27) Filed Mar 27, 19122; (28) Doc B. B. B. 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.

Mc

(Copy from original to parent.)