

Form No. 1

(1) PLACE OF BIRTH

County of SumterTownship of Mayesville

or

Inc. Town of

City of

(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

16871

Registration District No. 4102 Registered No. 28
(For use of Local Registrar)

(2) Full Name of Child

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

(3) BOY OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH
		<u>2</u>	<u>yes</u>	<u>April 16, 1922</u>
To be answered only in event of Twin or Triplets				(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Wm Johnson(9) PRESENT POSTOFFICE OF FATHER Mayesville, S.C.(10) COLOR OR RACE Wid (11) AGE AT LAST BIRTHDAY 23
(Year)(12) BIRTHPLACE Idaho(13) OCCUPATION Day Laborer(20) Number of children born to mother, including present birth 4 children

MOTHER.

(14) NAME BEFORE MARRIAGE Willie Latchum(15) PRESENT POSTOFFICE OF MOTHER Mayesville, S.C.(16) COLOR OR RACE Wid (17) AGE AT LAST BIRTHDAY 21
(Year)(18) BIRTHPLACE S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 4 children

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Patricia at 4 P. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Dr. Alex. ...
(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Mayesville, S.C.

Given name added from a supplemental report

PatriciaMay 16, 1922

Registrar

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

(27) Filed May 16, 1922 (28) C. C. ...
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.

MARGIN RESERVED FOR BINDING.
 WHEN FILLING IN WITH UNFADING INK—THIS IS NECESSARY IN ORDER TO PREVENT FADING.
 IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRSTBORN, No. 1. THE OTHER, No. 2, etc., in question 5.
 STATE OF SOUTH CAROLINA, COLUMBIA, S. C.