

## PLACE OF BIRTH

County of Sumter

Township of .....

City of .....

City of Sumter

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(1) Full Name of Child James Earl Johnson(2) SEX OF CHILD Boy(3) Date of Birth 4-6-23(4) Time of Birth To be entered only in case of Twin or Triple(5) Place of Birth Sumter S.C.(6) COLOR OR RACE White(7) BIRTHPLACE Clarendon Co.(8) OCCUPATION Clerk(9) Number of children born to mother, including present birth 1(10) NAME BEFORE MARRIAGE Orville Jones(11) PRESENT POSTOFFICE OF MOTHER Sumter S.C.(12) COLOR OR RACE White(13) BIRTHPLACE Sumter Co.(14) OCCUPATION Housewife(15) Number of children of this mother now living, including present birth 1(16) I hereby certify that I attended the birth of this child, who was Born alive or stillborn (Hour 7:30 A.M. or P.M.)

(17) on the date above stated.

(18) (Signature) C. H. Anderson

(19) State whether Physician or Midwife

(20) Address of Physician or Midwife

(21) Give name added from a supplemental report

(22) Registrar

(23) 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.

(24) 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.

CERTIFICATE OF BIRTH  
STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

Registration District No. ....

Registered No. ....  
(For use of Local Registrar)

(No. .... St. .... Ward)

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

(1) DATE OF BIRTH 4-6-23(2) NAME OF MOTHER Orville Jones(3) PRESENT POSTOFFICE OF MOTHER Sumter S.C.(4) COLOR OR RACE White(5) BIRTHPLACE Sumter Co.(6) OCCUPATION Housewife(7) Number of children of this mother now living, including present birth 1(8) I hereby certify that I attended the birth of this child, who was Born alive or stillborn (Hour 7:30 A.M. or P.M.)

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(17) Filed 5-10-23

(18) Local Registrar