MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate)

Standard Certificate of Birth

STATE OF SOUTH CAROLINA
Bureau of Vital Satistics
State Board of Health

FILE No. 23 048086

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

1. PLACE OF BIRTH

County of ~~Sumter, S.C.~~

Township of.....
or
Inc. Town of.....
or
City of Sumter, S.C. (No.....St.; .....Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number)

2. FULL NAME OF CHILD Louise Johnson (If child is not yet named, make supplemental report as directed.)

3. Boy or Girl | If Plural births: 4. Twins, triplets or other..... 5. Number, in order of birth..... | 6. Premature..... Full term..... | 7. Are Parents Married? Yes | 8. Date of birth Apr. 28, 19 23 (Month, day, year)

FATHER	MOTHER
9. Full name Malickia Johnson	18. Name before marriage Carrie Gadson
10. Residence (mailing address) (If non-resident, give place and State) Sumter, S.C.	19. Residence (mailing address) (If non-resident, give place and State) Sumter, S.C.
11. Color or race Col. 12. Age at child's birth 32 (years)	20. Color or race Col. 21. Age at child's birth 30 (years)
13. Birthplace (city or place) (State or country) Sumter, S.C.	22. Birthplace (city or place) (State or country) Simter, S.C.
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year last) engaged in this work ....., 19..... 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work ....., 19..... 26. Total time (years) spent in this work

27. Number of children of this mother (At time of birth and including this child) (a) Born alive and now living.....(b) Born alive but now dead.....(c) Stillborn.....

28. If stillborn, period of gestation..... months weeks | 29. Cause of stillbirth..... Before labor..... During labor.....

Specify any physical deformities of child at birth.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was alive (Born alive or stillborn) at 4A m. on the date above stated.

(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)

I certify that I instilled or had instilled in the eyes of this child at ____ M. on above date.
(Name of Prophylactic)

(Signed) Louise Gadson, Parent
or....., Guardian

Given name added from a supplementary report.....
(Date of)

Address Sumter, S.C.

Filed May 10, 19 23 Carl B. Epps (per AC)
Registrar.

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Registrar.