

NOT TO BE KEPT FOR BINDING. WHITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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 3.

(1) PLACE OF BIRTH

County of Sumter
Township of 11
or
Inc. Town of
or
City of

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

File No.—For State Registrar Only
2630

Registration District No. Registered No. 14
(For use of Local Registrar)

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

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 5 1922
(Specify of Month) (Day) (Year)

FATHER.

(8) FULL NAME Myers W. Johnson
(9) PRESENT POSTOFFICE OF FATHER Sumter S.C.
(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 39 (Years)
(12) BIRTHPLACE Sumter Co
(13) OCCUPATION Farming
(20) Number of children born to mother, including present birth 10

MOTHER.

(14) NAME BEFORE MARRIAGE Lula Johnson
(15) PRESENT POSTOFFICE OF MOTHER Sumter S.C.
(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 39 (Years)
(18) BIRTHPLACE Sumter Co
(19) OCCUPATION Wash woman
(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 9 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Maggie Johnson
(24) State whether Physician or Midwife 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 23 is signed by mark)

(27) Filed (28) Carroll Egan 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.