

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.

MARGIN RESERVED FOR BINDING

(See instructions on Back of Certificate.)

U. S. Dept. of Commerce
Bureau of the Census

1. PLACE OF BIRTH

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

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics
State Board of Health

Registration District No. 41-0

FILE N

23 048065

or Only

00630

Registered No.
(For use of Local Registrar)

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

Joseph Benjamin Johnson, Jr.

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

3. Boy or Girl Boy 4. Twins, triplets or other 6. Premature Are Parents 8. Date of birth June 18, 1923
5. Number, in order of birth Full term Married? yes (Month, day, year)

9. Full name FATHER Joseph Benjamin Johnson, Sr.

18. Name before marriage MOTHER Mamie Johnson

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 28 (years)

20. Color or race Col. 21. Age at child's birth 25 (years)

13. Birthplace (city or place) (State or country) Sumter, S.C.

22. Birthplace (city or place) (State or country) Sumter, S.C.

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter
15. Industry or business in which work done, as silk mill, sawmill, bank, etc. Railroad
16. Date (month and year) last engaged in this work 19

OCCUPATION 23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. Domestic
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home
25. Date (month and year) last engaged in this work 19

27. Number of children of this mother (At time of birth and including this child (a) Born alive and now living 1 (b) Born alive but now dead (c) Stillborn

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was born at 11 p. m. on the date above stated.

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

Given name added from a supplementary report (Date of)

(Signed Mrs. Mamie Johnson, Parent or Sumter, S.C., Guardian

Address Sumter, S.C.
Filed May 11, 1944 L. A. Riser, M.D. Registrar.

Registrar.

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