

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

UUBJO

Registered No.
(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 Joseph Benjamin Johnson, Jr. { If child is not yet named, make supplemental report as directed.

3. Boy or Girl Boy If Plural births 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

OCCUPATION 23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. Domestic

15. Industry or business in which work done, as silk mill, sawmill, bank, etc. Railroad

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home

16. Date (month and year) last engaged in this work 19

25. Date (month and year) last engaged in this work 19

17. Total time (years) spent in this work

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 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 Guardian

Address Sumter, S.C.

Filed May 11, 1944 L. A. Riser, M.D. Registrar.

Registrar.

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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.)

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