

7/6/43

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.)

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

1. PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

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

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 4109

23 048080

or Only

Registered No. (For use of Local Registrar)

Ward)

2. FULL NAME OF CHILD

Rosa Lee Johnson

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

3. Boy or Girl

If Plural
births

4. Twin, triplet or other

6. Premature

7. Are Parents

8. Date of

birth. Apr. 4, 1923

5. Number, in order of birth

Full term

Married?

9. Full
name

FATHER

Manning Johnson

18. Name before
marriage

MOTHER

Mariah L. Howard

10. Residence (mailing address)

(If non-resident, give place and State)

Rembert, S.C.

19. Residence (mailing address)

(If non-resident, give place and State)

Rembert, S.C.

11. Color or race

negro

12. Age at child's birth

37 (years)

20. Color or race

negro

21. Age at child's birth

36 (years)

13. Birthplace (city or place)

Darlington, S.C.

23. Birthplace (city or place)

Darlington, S.C.

(State or country)

OCCUPATION

14. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

Farmer

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

Farm

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

at death

17. Total time (years)
spent in this work

life time

OCCUPATION

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

Housewife

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

Own home

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

Present

26. Total time (years)
spent in this work

20 yrs

27. Number of children of this mother

(At time of birth and including this child (a) Born alive and now living

7

(b) Born alive but now dead

(c) Stillborn

28. If stillborn,
period of gestationmonths
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 alive 3 P.m. on the date above stated.
(Born alive or stillborn)

(Signed)

Manning Johnson

Parent

or

Guardian

Address

Rembert, S.C. Rt. 2, Box 185

Filed July 28, 1943

L. A. Riser, M.D.

Registrar.