

7/6/43

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

1. PLACE OF BIRTH

County of SumterTownship of Stateburgor
Inc. Town of

City of

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 4109 Registered No.

(For use of Local Registrar)

23 048080

r Only

(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 Rosa Lee Johnson { If child is not yet named, make supplemental report as directed.3. Boy or Girl girl If Plural births 1 4. Twin, triplet or other..... 6. Premature..... 7. Are Parents yes 8. Date of birth Apr. 4 1943
5. Number, in order of birth..... Full term..... Married? yes (Month, day, year)9. Full name Manning Johnson FATHER18. Name before marriage Mariam S. Howard MOTHER10. Residence (mailing address) Ramoth, Rt 2
(If non-resident, give place and State)19. Residence (mailing address) Ramoth, Rt 2
(If non-resident, give place and State)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, SC
(State or country)22. Birthplace (city or place) Clarendon
(State or country) SC14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. Housewife15. Industry or business in which work done, as silk mill, sawmill, bank, etc. Farm24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home16. Date (month and year) last engaged in this work at death 17. Total time (years) spent in this work life time25. Date (month and year) last engaged in this work Present 26. Total time (years) spent in this work 20 yrs27. 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..... 1 (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 alive 3 P. m. on the date above stated.
(Born alive or stillborn)(Signed) Manning Johnson Parent

or..... Guardian

Address Ramoth, SC, Rt. 2, Box 185Filed July 28, 1943 L. A. Riser, M.D., Registrar.

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.)

OCCUPATION

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