

Form No. 3

1) PLACE OF BIRTH

County of Darlington  
 Township of Lexham  
 or  
 City of .....  
 or  
 Town of .....  
 or  
 City of .....

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

No. — For State Registrar Only  
**3592**

Registration District No. 15-14 Registered No. 9  
 (For use of Local Registrar)

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

2) Full Name of Child Rich Johnson

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

BOY OR GIRL BOY 4) Twin or Triplet? No 5) Number in order of birth 1 6) Are Parents Married? Yes 7) DATE OF BIRTH Feb 19 1923  
 (Name of Month) (Day) (Year)

FATHER  
 FULL NAME Rich Johnson  
 PRESENT POSTOFFICE OF FATHER Sumner  
 COLOR OR RACE col 11) AGE AT LAST BIRTHDAY 45  
 (Year) BIRTHPLACE SC  
 OCCUPATION Farmer  
 Number of children born to mother, including present birth 4

MOTHER  
 14) NAME BEFORE MARRIAGE Adeline Hodge  
 15) PRESENT POSTOFFICE OF MOTHER Sumner  
 16) COLOR OR RACE col 17) AGE AT LAST BIRTHDAY 23  
 (Year) BIRTHPLACE SC  
 18) OCCUPATION Domestic  
 19) Number of children of this mother now living, including present birth 4

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was alive at 3 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(20) (Signature) Willy Cooper (21) Address of Physician or Midwife Sumner SC  
 (22) State whether Physician or Midwife

See name added from a supplemental report

(23) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark)  
 (24) Filed Feb 23 1923 (25) R. L. Chaplin Local Registrar

If 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.

Star Only

4  
 Star)

Ward)

ed, make directed

3-3  
 (Year)

son

30

1 A.M.,  
 or P. M.)

bach

or Midwife

etc.

lin

return.