Form No. 3

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

(1) PLACE OF BIRTH

County of ....Aiken....

Township of ....Sleepy Hollow....

Inc. Town of ....

City of ....(No. ....St.; ....Ward)

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

No. 12632 — For State Register Only

Registration District No. 317 Registered No. 11

(For use of Local Registrar)

(2) Full Name of Child ..Mamie Lee Johnson.. (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL: Girl (4) Twin or Triplet: Triplet (5) Number in order of birth: ___ (To be answered only in event of Twins or Triplets)

(6) Hour 7:20 (7) DATE OF BIRTH Feb 16 1923 (Name of Month) (Day) (Year)

FATHER	MOTHER
(8) FULL NAME: James Johnson	(10) NAME BEFORE MARRIAGE: Kate Johnson
(9) PRESENT POST OFFICE OF FATHER: Hawthorne	(15) PRESENT POST OFFICE OF MOTHER: Hawthorne
(10) COLOR OR RACE: Colored (11) AGE AT LAST BIRTHDAY: 37 (Years)	(16) COLOR OR RACE: Colored (17) AGE AT LAST BIRTHDAY: 34 (Years)
(12) BIRTHPLACE: near Elko	(18) BIRTHPLACE: Hawthorne
(13) OCCUPATION: Farmer	(19) OCCUPATION: Farmer
(20) Number of children born to mother, including present birth: 91	(21) Number of children of this mother now living, including present birth: 17

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was ..born alive.. at ...7.20... o'clock ..A.M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) ...Millie Fennier...

(24) State whether Physician or Midwife: Midwife

(25) Address of Physician or Midwife: Millie Fennier

Given name added from a supplemental report

.... 19 ___ Registrar

(26) Witness ...Jas. Johnson...
Signature of Witness necessary only when question 23 is signed by mark.

(27) Filed ..5/28.. 1923 (28) ...S. T. Owens...
Local Registrar.

*When 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.