

(1) PLACE OF BIRTH

County of Sumter

Township of Middleton

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.)

# CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

79445

Registration District No. 4102

Registered No. 62

(For use of Local Registrar)

St.; ..... Ward)

(2) Full Name of Child Anna Johnson

(3) BOY OR GIRL? girl

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? yes

(7) DATE OF BIRTH

Aug 4 1926  
(Name of Month) (Day) (Year)

## FATHER:

(8) FULL NAME Paul Johnson

(9) PRESENT POSTOFFICE OF FATHER Widgfield

(10) COLOR OR RACE Col

(12) BIRTHPLACE

(13) OCCUPATION Labourer

(20) Number of children born to mother, including present birth 2

## MOTHER:

(14) NAME BEFORE MARRIAGE Anna Nelson

(15) PRESENT POSTOFFICE OF MOTHER Widgfield

(16) COLOR OR RACE Col

(18) BIRTHPLACE

(19) OCCUPATION Labourer

(21) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born at 7:00 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) John Miller

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Widgfield

Given name added from a supplemental report

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

(27) Filed Sept 6 1926

(28) M. E. Paul M.D. 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.