

(1) PLACE OF BIRTH

County of Florence
 Township of Hammonton
 Inc. Town of.....
 or
 City of.....

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

40373

Registration District No. 2015 Registered No. 74
 (For use of Local Registrar)

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

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

(3) SEX OF CHILD Girl (4) Twin or Triplet No (5) Number in order of birth No (6) Are Parents Married No (7) DATE OF BIRTH Dec 10 23
 (Name of Month) (Day) (Year)

FATHER. MOTHER.
 (8) FULL NAME Q Johnson (14) NAME BEFORE MARRIAGE Susan Betty
 (9) PRESENT POSTOFFICE OF FATHER Hammonton (15) PRESENT POSTOFFICE OF MOTHER Hammonton
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 26 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 19
 (12) BIRTHPLACE Florence S.C. (18) BIRTHPLACE Florence S.C.
 (13) OCCUPATION Worm (19) OCCUPATION Worm

(20) Number of children born to mother, including present birth (21) Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive (Born Alive stillborn) (Hour 3:30 A. M. or P. M.) on the date above stated.

(23) (Signature) Rosey Johnson (24) State South Carolina (25) Address of Physician or Midwife Hammonton

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed "Stillborn")

(27) Date Dec 19 23 (28) Registrar

When there was no attending physician or midwife, then the father, householder, etc., must report as stillborn. No report is necessary if a child breathes even once, it must not be reported as stillborn. No report is necessary before the fifth month of pregnancy.