

(1) PLACE OF BIRTH

County of SumterTownship of Concordor
Inc. Town ofor
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

66379

Registration District No. 4/10 Registered No. 3-3
(For use of Local Registrar)(2) Full Name of Child Edna Lucile Johnson If child is not yet named, make supplemental report as directed(a) Boy or Girl? (b) Twin or Triplet? (c) Number in order of birth (d) Are Parents Married? (e) DATE OF BIRTH June 15 (Name of Month) (Day) (Year)

FATHER.

(6) FULL NAME Thos Johnson(7) PRESENT POSTOFFICE OF FATHER Sumter S.C.(8) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 31 (Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farming(14) Number of children born to mother, including present birth 3

MOTHER.

(16) NAME BEFORE MARRIAGE See Goodman(17) PRESENT POSTOFFICE OF MOTHER Sumter, S.C.(18) COLOR OR RACE white (19) AGE AT LAST BIRTHDAY 31 (Years)(20) BIRTHPLACE S.C.(21) OCCUPATION Domestic(22) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was born alive at 7 A.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(24) (Signature) V. Hager Wilder

(25) State whether Physician or Midwife (26) Address of Physician or Midwife

Midwife Sumter, S.C.

Given name added from a supplemental report

(27) Witness T.E. Newman

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

(28) Edna Lucile Johnson (29) E. F. Newman Local Registrar

When there was no attending physician or midwife, then the father, household, etc., should make this report. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillborn children.