

Form No. 1

(1) PLACE OF BIRTH

County of SumterTownship of Rafting Creek

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.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

534

Registration District No. 1196 Registered No. 3

(For use of Local Registrar)

(2) Full Name of Child Isaac Johnson

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

(3) BOY OR GIRL <u>boy</u>	(4) Twin or Triplet To be answered only in case of Twin or Triplet <u>3</u>	(5) Number in order of birth <u>3</u>	(6) Are Parents Married <u>yes</u>	(7) DATE OF BIRTH <u>Feb. 1, 1923</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Don't know

(9) PRESENT POSTOFFICE OF FATHER -

(10) COLOR OR RACE -

(11) AGE AT LAST BIRTHDAY - (Years)

(12) BIRTHPLACE -

(13) OCCUPATION -

(26) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Mother Johnson

(15) PRESENT POSTOFFICE OF MOTHER Rembert SC

(16) COLOR OR RACE negro

(17) AGE AT LAST BIRTHDAY 23 (Years)

(18) BIRTHPLACE Sumter Co

(19) OCCUPATION Field Laborer

(27) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 10 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Emma Taylor(24) State whether Physician or Midwife midwife(25) Address of Physician or Midwife Rembert

Given name added from a supplemental report

(26) Witness McHallen
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Feb. 5, 1923 (28) McHallen Local Registrar

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

THIS FORM IS PREPARED FOR THE PURPOSE OF RECORDING BIRTHS IN A PERMANENT RECORD. IT IS NOT TO BE USED FOR THE PURPOSE OF RECORDING DEATHS OR OTHER INFORMATION. IT IS THE DUTY OF THE REGISTRAR TO SEE THAT THIS FORM IS USED ONLY FOR THE PURPOSES INTENDED.