

(1) PLACE OF BIRTH

County of RichlandTownship of Blytheor
Inc. Town ofor
City of

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

(2) Full Name of Child

Mary A. Brown

File No.—For State Registrar Only

31987

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthRegistration District No. 3800Registered No. 116
(For use of Local Registrar)(No. Evelyn St. Ward)

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

3) Girl 4) Twin 5) Number in 6) Are 7) DATE OF
GIRL or Triplet? order of birth Parents Married? BIRTH Sept 29 1922
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

8) FULL NAME Samuel A. Brown 9) PRESENT POSTOFFICE OF FATHER Blythe10) COLOR OR RACE white 11) AGE AT LAST BIRTHDAY 43
(Years)12) BIRTHPLACE Blythe13) OCCUPATION Farmer 20) Number of children born to mother, including present birth ten

MOTHER.

14) NAME BEFORE MARRIAGE Mattie E. Brown 15) PRESENT POSTOFFICE OF MOTHER Blythe16) COLOR OR RACE white 17) AGE AT LAST BIRTHDAY 38
(Years)18) BIRTHPLACE Blythe19) OCCUPATION Domestic 21) Number of children of this mother now living, including present birth nine

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 1530 P.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)affid 9.18.51 (23) (Signature) M. Langford
(24) State whether Physician or Midwife (25) Address of Physician or MidwifeGiven name added from a supplemental report
(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Oct 10 1922 (28) W. A. McLean 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.

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In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

RECEIVED BY COLUMBIA, COLUMBIA, D. C.