

(1) PLACE OF BIRTH

County of Harlow  
Township of S. Milaville  
or  
Inc. Town of.....  
or  
City of .....

**CERTIFICATE OF BIRTH**  
STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

Registration District No. 3306

File No.—For State Registrar Only

31351

Registered No. 48  
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
(No. .... St.; ..... Ward)

(2) Full Name of Child Luciana Brown

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

(3) BOY OR GIRL <u>GIRL</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Sept. 21/1922</u> (Name of Month) (Day) (Year)
FATHER		MOTHER		
(8) FULL NAME <u>General Brown</u>		(10) NAME BEFORE MARRIAGE <u>Rosa Johnson</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Kellogg, S.C.</u>		(11) PRESENT POSTOFFICE OF MOTHER <u>Kellogg, S.C.</u>		
(12) COLOR OR RACE <u>Negro</u>	(13) AGE AT LAST BIRTHDAY <u>25</u> (Years)	(14) COLOR OR RACE <u>Negro</u>	(15) AGE AT LAST BIRTHDAY <u>27</u> (Years)	
(16) BIRTHPLACE <u>S.C.</u>	(17) OCCUPATION <u>Chain Gang</u>	(18) BIRTHPLACE <u>S.C.</u>	(19) OCCUPATION <u>Housework</u>	
(20) Number of children born to mother, including present birth <u>4</u>		(21) Number of children of this mother now living, including present birth <u>3</u>		

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

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

(23) (Signature) Haney Williams

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife  
Kellogg, S.C.

Given name added from a supplemental report

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

(27) Filed Sept. 25/1922 (28) W. N. Elliot  
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.