

(1) PLACE OF BIRTH

County of

Township of

or

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

25230

Registration District No. 905

Registered No. 77

(For use of Local Registrar)

(No.

St.;

Ward)

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

(2) Full Name of Child

Allen Brown

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

(3) BOY OR GIRL?

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

May 24 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Illegal

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY

(Years)

(12) BIRTHPLACE

(13) OCCUPATION

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

One

MOTHER.

(15) NAME BEFORE MARRIAGE

Viola Brown

(16) PRESENT POSTOFFICE OF MOTHER

Johns Island

(17) COLOR OR RACE

Negro

(18) AGE AT LAST BIRTHDAY

14
(Years)

(19) BIRTHPLACE

Johns Island

(20) OCCUPATION

Farm Laborer

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

One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive on the date above stated.

(Born alive or stillborn) at M., (Hour A. M. or P. M.)

(23) (Signature)

Rancy Johnson

(24) State whether Physician or Midwife

midwife

(25) Address of Physician or Midwife

Johns Island

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed

Aug 29 1922

(28)

Mrs. E. M. Hill

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.