

N. H.—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 6.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>abbe</u>		STATE OF SOUTH CAROLINA		6210	
Township of <u>one west</u>		Bureau of Vital Statistics			
or		State Board of Health			
Inc. Town of <u>one west</u>		Registration District No. <u>1A4</u>		Registered No. <u>11</u>	
or				(For use of Local Registrar)	
City of		(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 <u>Robt Calvin Brownlee</u>		If child is not yet named, make supplemental report as directed			
(3) BOY OR GIRL <u>BOY</u>	(4) Twin or Triplet? <u>X</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>March 10 1922</u>	
		To be answered only in event of Twins or Triplets		(Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Robt Calvin Brownlee</u>			(14) NAME BEFORE MARRIAGE <u>Eleanor Louise Presley</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>one west S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>one west</u>		
(10) COLOR OR RACE <u>white</u>			(16) COLOR OR RACE <u>white</u>		
(11) AGE AT LAST BIRTHDAY <u>25</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>26</u> (Years)		
(12) BIRTHPLACE <u>one west S.C.</u>			(18) BIRTHPLACE <u>one west S.C.</u>		
(13) OCCUPATION <u>Banker</u>			(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>1</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>8 P.M.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>W. G. Presley</u>			(24) Address of Physician or Midwife <u>one west S.C.</u>		
(24) State whether Physician or Midwife <u>M.D.</u>			(25) Address of Physician or Midwife <u>one west S.C.</u>		
Given name added from a supplemental report			(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)		
19 Registrar			(27) Filed <u>April 10 1922</u> (28) <u>J. H. Brasher</u> 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.					

MEANS OF COLUMBIA, COLUMBIA, S. C.