

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

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County of

Richland

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

36179

Township of

OR

Inc. Town of

OR

City of

Columbia, S.C.

Registration District No.

389

Registered No.

1752

(For use of Local Registrar)

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

(2) Full Name of Child

James Brown

child is not yet named, make supplemental report as directed

(3) BOY OR GIRL

Boy

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Oct 14 22

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

James Brown

(9) PRESENT POSTOFFICE OF FATHER

Columbia, S.C.

(10) COLOR OR RACE

Colored

(11) AGE AT LAST BIRTHDAY

20 (Years)

(12) BIRTHPLACE

Columbia S.C.

(13) OCCUPATION

Barber.

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

One

MOTHER.

(14) NAME BEFORE MARRIAGE

Rosetta Roundtree

(15) PRESENT POSTOFFICE OF MOTHER

Columbia, S.C.

(16) COLOR OR RACE

Colored

(17) AGE AT LAST BIRTHDAY

19 (Years)

(18) BIRTHPLACE

Columbia, S.C.

(19) OCCUPATION

House keeper.

(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 at 7: A.M.

(Born alive or stillborn)

(Hour A.M. or P.M.)

on the date above stated.

(23) (Signature)

(24) State whether Physician or Midwife

Chancy Carr midwife
312 Moore Ave.

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

(Signature of witness necessary only when question 28 is signed by mother)

(27) Filed

10-22

19

Local Registrar.

....., 19

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—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 OF COLUMBIA, COLUMBIA, S. C.