

## (1) PLACE OF BIRTH

County of .....

Township of .....

or

Inc. Town of .....

or

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 Catherine Brown

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

(3) BOY OR GIRL Girl(4) Twin or Triplet? No

To be answered only in case of Twins or Triplets

(5) Number in order of birth 1(6) Are Parents Married? Yes

(7) DATE OF

BIRTH Sept 10 1922  
(Name of Month) (Day) (Year)

## FATHER.

(1) FULL NAME Middleton Brown(2) PRESENT POSTOFFICE OF FATHER Etanville SC(11) COLOR OR RACE Colored (12) AGE AT LAST BIRTHDAY 47 (Year)(13) BIRTHPLACE SC(14) OCCUPATION Farmer(15) Number of children born to mother, including present birth 1

## MOTHER.

(16) NAME BEFORE MARRIAGE Mellie Brown(17) PRESENT POSTOFFICE OF MOTHER Same(18) COLOR OR RACE Colored (19) AGE AT LAST BIRTHDAY 40 (Year)(20) BIRTHPLACE SC(21) OCCUPATION Farmer(22) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was... at... 24... M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(24) (Signature) Wm. J. Gentry(25) State whether Physician or Midwife Physician

(26) Address of Physician or Midwife

Given name added from a supplemental report

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

(28) Filed Sept 10 1922 (29) Wm. J. Gentry 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.

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

File No. - For State Registrar Only

31640

Registration District No. 3606 Registered No. 81  
(For use of Local Registrar)

(No. .... St. .... Ward)

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