

(1) PLACE OF BIRTH

County of Richland.....

Township of

or
Inc. Town ofor
City of Columbia S.C......

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

19985

Registration District No. 352..... Registered No. 1386.....

(For use of Local Registrar)

City of Columbia S.C. (No. Baptist Hospital p. St.; Ward)(2) Full Name of Child Frances Kathleen 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 3 (6) Are Parents Married? yes (7) DATE OF BIRTH June 15 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Oscar Cleveland Brown(9) PRESENT POSTOFFICE OF FATHER 1928 Barnwell St.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 33 (Years)(12) BIRTHPLACE Perry S.C.(13) OCCUPATION Assistant Supervisor of State Hospital(20) Number of children born to mother, including present birth { 3.....

MOTHER

(14) NAME BEFORE MARRIAGE Glorance Carter(15) PRESENT POSTOFFICE OF MOTHER 1928 Barnwell St.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 32 (Years)(18) BIRTHPLACE Blair S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth { 1.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 2:15 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) [Signature](24) State whether Physician or Midwife (25) Address of Physician or Midwife 1305 Laurel St.

Given name added from supplemental report

....., 191.....

Registrar

(26) Witness (Signature of witness necessary only when question is answered by birth)

(27) Filed 6 19 1922 (28) 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.

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TWIN OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McGraw, of Columbia.