

(1) PLACE OF BIRTH

County of Berkley Co
 Township of Wright
 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

10133

Registration District No. 7 P. 3. Registered No. 33
 (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 Andrew Brown (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Boy (4) Twin or Triplet? False (5) Number in order of birth First (6) Are parents married? Yes (7) DATE OF BIRTH Apr. 16 1922
 (Name (Month) (Day) (Year))

FATHER.

(8) FULL NAME James Brown
 (9) PRESENT POSTOFFICE OF FATHER Pineopolis, S. C.
 (10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 40 (Years)
 (12) BIRTHPLACE Berkley Co
 (13) OCCUPATION Farming

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Grant
 (15) PRESENT POSTOFFICE OF MOTHER Pineopolis S.C.
 (16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 35 (Years)
 (18) BIRTHPLACE Berkley Co
 (19) OCCUPATION Farming

(20) Number of children born to mother, including present birth Five (21) Number of children of this mother now living, including present birth Five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was alive at 5:30 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Bess Palmer (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Pineopolis S.C.

Given name added from a supplemental report: _____ (26) Witness P. E. Hamilton (Signature of Witness necessary only when question 23 is signed by mark)

_____, 19____ Registrar (27) Place Ben M. Barron 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.