

(1) PLACE OF BIRTH

County of Calhoun
 or
 Township of Lowland
 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

17766

Registration District No. 801Registered No. 49
 (For use of Local Registrar)

(2) Full Name of Child

(3) SEX OF CHILD Female
 (4) Twin or Triplet? 1
 To be answered only in event of Twins or Triplets

(5) Number in order of birth 1(6) Are Parents Married? Yes(7) DATE OF BIRTH June 20, 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME W. C. Brown(9) PRESENT POSTOFFICE OF FATHER Lowland(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 28
 (Years)(12) BIRTHPLACE Lowland(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Bessie Spivey(15) PRESENT POSTOFFICE OF MOTHER Lowland(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 17
 (Years)(18) BIRTHPLACE Livingston(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 at 1 P.M.
 on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) Clara Ann Brown(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife North St.

Given name added from a supplemental report

(26) Witnesses (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed June 28, 1922 (28) J. H. Brown 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.

WHICH WHEN MADE IMPROPERLY MAY BE A SEPARATE BLANK FOR DATE CHILD, AND MARK THE
 PRINTED IN THE BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.
 1922