

WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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.

<p>(1) PLACE OF BIRTH</p> <p>County of <u>Beaufort</u></p> <p>Township of <u>Bluffton</u></p> <p>or</p> <p>Inc. Town of .....</p> <p>or</p> <p>City of .....</p> <p>(If birth occurs in a hospital or other institution, give name of same instead of street and number.)</p>				<p><b>CERTIFICATE OF BIRTH</b></p> <p>STATE OF SOUTH CAROLINA</p> <p>Bureau of Vital Statistics</p> <p>State Board of Health</p>		<p>File No.—For State Registrar Only</p> <p><b>29012</b></p>	
<p>Registration District No. <u>601</u></p>				<p>Registered No. <u>24</u></p> <p>(For use of Local Registrar)</p>			
<p>(2) Full Name of Child <u>Hannah Brown</u></p>				<p>If child is not yet named, make supplemental report as directed</p>			
<p>(3) BOY OR GIRL? <u>girl</u></p>		<p>(4) Twin or Triplet? .....</p> <p>To be answered only in event of Twins or Triplets</p>		<p>(5) Number in order of birth .....</p>			
<p>(6) Are Parents Married? <u>ye</u></p>		<p>(7) DATE OF BIRTH <u>Sept 22</u>, 19<u>22</u></p> <p>(Name of Month) (Day) (Year)</p>		<p>(8) St.; ..... Ward)</p>			
<p><b>FATHER.</b></p>			<p><b>MOTHER.</b></p>				
<p>(9) FULL NAME <u>Thed Brown</u></p>			<p>(14) NAME BEFORE MARRIAGE <u>Abbie Cook</u></p>				
<p>(10) PRESENT POSTOFFICE OF FATHER <u>Bluffton, S.C.</u></p>			<p>(15) PRESENT POSTOFFICE OF MOTHER <u>Bluffton, S.C.</u></p>				
<p>(11) COLOR OR RACE <u>negro</u></p>			<p>(16) COLOR OR RACE <u>negro</u></p>				
<p>(12) AGE AT LAST BIRTHDAY <u>35</u> (Years)</p>			<p>(17) AGE AT LAST BIRTHDAY <u>30</u> (Years)</p>				
<p>(13) BIRTHPLACE <u>Beaufort County</u></p>			<p>(18) BIRTHPLACE <u>Beaufort County</u></p>				
<p>(19) OCCUPATION <u>Farming</u></p>			<p>(20) OCCUPATION <u>housewife</u></p>				
<p>(21) Number of children born to mother, including present birth <u>8</u></p>			<p>(22) Number of children of this mother now living, including present birth <u>8</u></p>				
<p><b>CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.</b></p>							
<p>(23) I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>S.C.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)</p>							
<p>(24) (Signature) <u>Susan Frazer</u></p>							
<p>(25) State whether Physician or Midwife <u>Midwife</u></p>							
<p>(26) Address of Physician or Midwife <u>Bluffton S.C.</u></p>							
<p>Given name added from a supplemental report .....</p>							
<p>(27) Witness (Signature of Witness necessary only when question 23 is signed by mark) <u>W. J. Triplett</u></p>							
<p>(28) Filed <u>Sept 30</u>, 19<u>22</u>. (29) <u>W. J. Triplett</u> Local Registrar</p>							
<p>*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.</p>							