

USE THIS FORM ONLY IN CASES WHERE THE FATHER'S NAME IS KNOWN. IF THE FATHER'S NAME IS UNKNOWN, USE THE MOTHER'S NAME. IF THE MOTHER'S NAME IS UNKNOWN, USE THE CHILD'S NAME. IF THE CHILD'S NAME IS UNKNOWN, USE THE NAME OF THE PLACE OF BIRTH. IF THE NAME OF THE PLACE OF BIRTH IS UNKNOWN, USE THE NAME OF THE TOWN. IF THE NAME OF THE TOWN IS UNKNOWN, USE THE NAME OF THE COUNTY. IF THE NAME OF THE COUNTY IS UNKNOWN, USE THE NAME OF THE STATE. IF THE NAME OF THE STATE IS UNKNOWN, USE THE NAME OF THE COUNTRY. IF THE NAME OF THE COUNTRY IS UNKNOWN, USE THE NAME OF THE WORLD.

(1) PLACE OF BIRTH

County of Allen

Township of 11

Inc. Town of 11

City of 11

(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

Registration District No. 4600

No. 3441

Registered No. 116

(2) Full Name of Child Sarah Stokes

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

|   |  |                                 |   |   |
|---|--|---------------------------------|---|---|
| (3) SEX OR<br>GENDER<br><u>girl</u>   | (4) Twin<br>or Triplet?<br>To be answered only in event of Twin or Triplet | (5) Number in<br>order of birth | (6) Age<br>in years<br><u>20</u>  | (7) DATE OF<br>BIRTH<br><u>Nov 6 - 23</u><br>(Name of Month) (Day) (Year) |
| (8) FATHER<br>FULL NAME <u>John Brown</u><br>PRESENT RESIDENCE OF FATHER <u>Allen</u><br>COLOR OR RACE <u>negro</u><br>BIRTHPLACE <u>SC</u><br>OCCUPATION <u>farmer</u> |  |                                 | (9) MOTHER<br>FULL NAME <u>Sarah Stokes</u><br>PRESENT RESIDENCE OF MOTHER <u>Allen</u><br>COLOR OR RACE <u>negro</u><br>BIRTHPLACE <u>SC</u><br>OCCUPATION <u>farm labor</u> |   |
| (10) Number of children born to mother, including present birth <u>1</u>  |  |                                 | (11) Number of children of this mother now living, including present birth <u>1</u>   |   |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(12) I hereby certify that I attended the birth of this child, who was Alive on the date above stated.

(13) (Signature) H. H. Brown

(14) State whether Physician or Midwife Midwife

Given name added from a supplemental report

(15) Witness (Signature of Witness necessary only when question 12 is signed by parent)

(16) Date Nov 8 - 22

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.