

## (1) PLACE OF BIRTH

County of

Township of

Inc. Town of

City of

(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

45943

Registered No. 7

(For use of Local Registrar)

## (2) Full Name of Child

Lella Brown

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

(3) BOY OR GIRL?

Girl

(4) Twin or Triplet?

(5) Number in order of birth

10

(6) Are Parents Married?

(7) DATE OF BIRTH

Jan 18 1906

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

John Brown

(9) PRESENT POSTOFFICE OF FATHER

Smocks

(10) COLOR OR RACE

Black

(11) AGE AT LAST BIRTHDAY

43

(Years)

(12) BIRTHPLACE

Smocks SC

(13) OCCUPATION

Farming

(20) Number of children born to mother, including present birth

10

## MOTHER.

(14) NAME BEFORE MARRIAGE

Lella Buckner

(15) PRESENT POSTOFFICE OF MOTHER

Smocks SC

(16) COLOR OR RACE

Black

(17) AGE AT LAST BIRTHDAY

35

(Years)

(18) BIRTHPLACE

Corryburg VA

(19) OCCUPATION

Housewife

(21) Number of children of this mother now living, including present birth

5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Midwife

Smocks

Given name added from a supplemental report

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Registrar

(26) Witness

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

(27) Filed

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(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.

MARGIN RESERVED FOR INDEXING. WRITE FULLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. M.E.—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 3.