

(1) PLACE OF BIRTH

County of Sumter
 Township of Chandler
 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

9330

Registration District No. Registered No. 58
 (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 Debra Bernice Brown child is not yet named, make supplemental report as directed

(3) BOY OR GIRL
 (4) Twin or Triplet?
 (5) Number in order of birth
 (6) Are Parents Married?
 (7) DATE OF BIRTH MARCH 21, 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Philip Brown
 (9) PRESENT POSTOFFICE OF FATHER Sumter S.C.
 (10) COLOR OR RACE Black
 (11) AGE AT LAST BIRTHDAY (Years)
 (12) BIRTHPLACE Cam. Crawley
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth

MOTHER.

(14) NAME BEFORE MARRIAGE Leona Brown
 (15) PRESENT POSTOFFICE OF MOTHER Sumter S.C.
 (16) COLOR OR RACE
 (17) AGE AT LAST BIRTHDAY (Years)
 (18) BIRTHPLACE
 (19) OCCUPATION Farmer
 (21) Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Elizabeth Williams

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 25 is signed by mark)

(27) Filed

(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.