

## (1) PLACE OF BIRTH

County of YorkTownship of 3Inc. Town of YorkCity of York

(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. 1876 Registered No. 10  
(For use of Local Registrar)

File No.—For State Registrar Only

3911

(2) Full Name of Child Theodore Brown

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

(3) BOY OR GIRL

(4) Twin or Triplet?

(5) Number in order of birth 10

(6) Are Parents Married?

(7) DATE OF BIRTH

Jan 10 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Mr. B. Brown

(9) PRESENT POSTOFFICE OF FATHER

York, S.C. #4

(10) COLOR OR RACE

W.C.

(12) BIRTHPLACE

York, S.C.

(13) OCCUPATION

Farmer

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

10

## MOTHER.

(14) NAME BEFORE MARRIAGE

Mr. B. Brown

(15) PRESENT POSTOFFICE OF MOTHER

York, S.C. #4

(16) COLOR OR RACE

W.C.

(18) BIRTHPLACE

York, S.C.

(19) OCCUPATION

Farmer

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

10

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 6 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Wm. H. Brown

(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 23 is signed by mark)

(27) Filed Feb. 10 1922 (28) Wm. 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.