

(1) PLACE OF BIRTH

County of RichlandTownship of Loweror
Inc. Town of.....or
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

16569

Registration District No. 3803 Registered No. 136
(For use of Local Registrar)(2) Full Name of Child John Brown

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH May 21, 1922
(Name of Month) (Day) (Year)FATHER.
(8) FULL NAME John Brown
(9) PRESENT POSTOFFICE OF FATHER Lykesland P.C.
(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 60 (Years)
(12) BIRTHPLACE P.C.
(13) OCCUPATION FarmingMOTHER.
(14) NAME BEFORE MARRIAGE Dannie Brown
(15) PRESENT POSTOFFICE OF MOTHER Lykesland P.C.
(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 40 (Years)
(18) BIRTHPLACE S.C.
(19) OCCUPATION(20) Number of children born to mother, including present birth 6(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 62 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Charlotte Jackson(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Lykesland P.C.

Given name added from a supplemental report

(26) Witness Mrs. J. W. Gorman
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed May 28, 1922 (28) Mrs. J. W. Gorman 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.