

(1) PLACE OF BIRTH

County of Chester  
Township of Rossville  
or  
Inc. Town of.....  
or  
City of .....

**CERTIFICATE OF BIRTH**  
STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

No. 13420 — For State Registrar Only

Registration District No. 1107 Registered No. 226  
(For use of Local Registrar)

(2) Full Name of Child .....

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

(3) BOY OR GIRL Boy (4) Twin or Triplet To be answered only in event of Twin or Triplet (5) Are Parents Married Yes (6) DATE OF BIRTH Jan 11, 23  
(Month of Month) (Day) (Year)

FATHER.

(8) FULL NAME Longo Brown  
(9) PRESENT POSTOFFICE OF FATHER Great Falls  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 32  
(12) BIRTHPLACE Asheville  
(13) OCCUPATION Mill work  
(14) Number of children born to mother, including present birth Eight

MOTHER.

(14) NAME BEFORE MARRIAGE Bertha Wilson  
(15) PRESENT POSTOFFICE OF MOTHER Great Falls  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 33  
(18) BIRTHPLACE Asheville  
(19) OCCUPATION Domestic  
(21) Number of children of this mother now living, including present birth Seven

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 3 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. B. Brown, M.D.  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Great Falls, Ga.

Given name added from a supplemental report  
.....  
..... 19 .....

(26) Witness (Signature of Witness necessary only when question is signed by mark)  
(27) Signed J. B. Brown, M.D. 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.

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