

(1) PLACE OF BIRTH

County of WhitefieldTownship of Clinton

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

48622

Registration District No. 1722 Registered No. 7

(For use of Local Registrar)

(2) Full Name of Child George H. Brown

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>✓</u> <small>Is he assumed only in case of Twins or Triplets</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Feb. 22 1906</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(8) FULL NAME Daniel H. Brown

(9) PRESENT POSTOFFICE OF FATHER Widdendorf

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 35
(Years)

(12) BIRTHPLACE Widdendorf

(13) OCCUPATION R.F.D. Mail Carrier

(20) Number of children born to mother, including present birth 8

MOTHER.

(14) NAME BEFORE MARRIAGE Lorcy Johnson

(15) PRESENT POSTOFFICE OF MOTHER Widdendorf

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 28
(Years)

(18) BIRTHPLACE Widdendorf

(19) OCCUPATION Farm & house work

(21) Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.) 3 A. M.(23) (Signature) M. H. Haskins(24) State whether Physician or Midwife (25) Address of Physician or Midwife Widdendorf

Given name added from a supplemental report

(26) Witness D. H. Brown
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed 191 (28) D. J. Matheson
(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.

MAKING UNRECORDED THE BIRTHING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—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 8.

McGaw of Columbia.