

(1) PLACE OF BIRTH

County of Florence  
Township of James V. Woods  
OR  
Inc. Town of .....

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

File No. - For State Registrar Only  
**34401**

Registration District No. 2006 Registered No. 20  
(For use of Local Registrar)

City of ..... (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 Russella Brown (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? Girl (4) Twin or Triplet To be answered only in event of Twin or Triplet (5) Number in order of birth (6) Age Parents Married? Yes (7) DATE OF BIRTH May 6, 1922  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Fred Brown

(9) PRESENT POSTOFFICE OF FATHER Timmons ville

(10) COLOR OR RACE B (11) AGE AT LAST BIRTHDAY 23  
(Year)

(12) BIRTHPLACE Darlington Co.

(13) OCCUPATION Public work

(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Jamie Wilder

(15) PRESENT POSTOFFICE OF MOTHER Timmons ville

(16) COLOR OR RACE B (17) AGE AT LAST BIRTHDAY 20  
(Year)

(18) BIRTHPLACE Sumter Co.

(19) OCCUPATION Housework

(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE?

(22) I hereby certify that I attended the birth of this child, who was White at 10 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Martha Wilson (24) State whether Physician or Midwife Midwife (25) Address of Physi. or Midwife Lyndeburg, S.C.

Given name added from a supplemental report

(26) Witness Mrs. J. H. Humphrey (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Oct. 30, 1922 Mrs. J. H. Humphrey 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.

FIRST-BORN TO 1. THE OTHER, No. 2, etc., in question 8. REG. OF COLUMBIA, COLUMBIA, S. C.