

MARGIN RESERVED FOR BINDING.
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 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 5.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Willington</u>		STATE OF SOUTH CAROLINA		87791	
Township of <u>W. D. Anderson</u>		Bureau of Vital Statistics			
or Inc. Town of		State Board of Health			
City of		Registration District No. <u>4304</u>		Registered No. <u>162</u>	
(No.) St. Ward		(For use of Local Registrar)			
(2) Full Name of Child <u>Mr. Hudson Brown</u> (If child is not yet named, make supplemental report as directed)					
(3) BOY OR GIRL? <input checked="" type="checkbox"/>	(4) Twin or Triplet? <input type="checkbox"/>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <input checked="" type="checkbox"/>	(7) DATE OF BIRTH <u>Nov 21</u> , 19 <u>16</u>	
To be answered only in event of Twins or Triplets				(Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Tom Brown</u>			(14) NAME BEFORE MARRIAGE <u>Hessie Thomas</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Hemingway S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Hemingway S.C.</u>		
(10) COLOR OR RACE <u>Negro</u>			(16) COLOR OR RACE <u>Negro</u>		
(11) AGE AT LAST BIRTHDAY <u>33</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>4</u> (Years)		
(12) BIRTHPLACE <u>Hemingway S.C.</u>			(18) BIRTHPLACE <u>Gordon S.C.</u>		
(13) OCCUPATION <u>Farming</u>			(19) OCCUPATION <u>Farming</u>		
(20) Number of children born to mother, including present birth <u>5</u>			(21) Number of children of this mother now living, including present birth <u>4</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(22) I hereby certify that I attended the birth of this child, who was ... <u>Nov. 21</u> ... at <u>6</u> P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Rachel Brown</u>					
(24) State whether Physician or Midwife <u>Physician</u> (25) Address of Physician or Midwife <u>Hemingway S.C.</u>					
Given name added from a supplemental report			(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)		
19			(27) Filed <u>Dec 10</u> 19 <u>16</u> (28) <u>LK Gd</u> 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.					