

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 5.

## (1) PLACE OF BIRTH

County of .....

Township of .....

or

Inc. Town of .....

or

City of Greenwood, S.C.

(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

4443

Registration District No. 73ARegistered No. 77

(For use of Local Registrar)

(No. 516 Edgefield Ave. St.; ..... Ward)

## (2) Full Name of Child

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>To be answered only in event of Twins or Triplets</u>	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Jan 7, 1922</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME Andrew Christ Brown(9) PRESENT POSTOFFICE OF FATHER Greenwood S.C.(10) COLOR OR RACE white(11) AGE AT LAST BIRTHDAY 35  
(Years)(12) BIRTHPLACE Gastonia, Greece(13) OCCUPATION Restaurant Proprietor(20) Number of children born to mother, including present birth 3 (Three)

## MOTHER.

(14) NAME BEFORE MARRIAGE Anna Casterice Tolon(15) PRESENT POSTOFFICE OF MOTHER Greenwood, S.C.(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 22  
(Years)(18) BIRTHPLACE Gastonia, Greece(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 3 (Three)

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 4:00 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) M. P. Turner M.D. By Dec(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Greenwood, S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 3/10/22 (28) W. L. Williams 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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