

## (1) PLACE OF BIRTH

County of North Carolina  
 Township of North  
 OR  
 Inc. Town of.....  
 OR  
 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

42175

Registration District No. 1702 Registered No. 54  
 (For use of Local Registrar)

(2) Full Name of Child Bernella Brown

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

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Nov 26/19  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Chase Brown  
 (9) PRESENT POSTOFFICE OF FATHER Summerville  
 (10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 24  
 (Years)  
 (12) BIRTHPLACE Antioch  
 (13) OCCUPATION Factory  
 (20) Number of children born to mother, including present birth (3)

## MOTHER.

(14) NAME BEFORE MARRIAGE Ella Jones  
 (15) PRESENT POSTOFFICE OF MOTHER Summerville  
 (16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 25  
 (Years)  
 (18) BIRTHPLACE Red Bank  
 (19) OCCUPATION Domestic  
 (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..... at.....  
 on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) [Signature]

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed Dec 14 1919 (28) [Signature] 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.

Registrar

Local Registrar

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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.

RECEIVED OF COLUMBIA, COLUMBIA, S. C.

N. B.