

(1) PLACE OF BIRTH

County of Anderson

Township of

or

Inc. Town of

or

City of Anderson

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Alice Lee Brown { If child is not yet named, make supplemental report as directed

3) BOY OR GIRL? <u>girl</u>	4) Twin or Triplet? <u>✓</u>	5) Number in order of birth <u>✓</u>	6) Are Parents Married? <u>yes</u>	7) DATE OF BIRTH <u>Sept. 26, 22</u> (Name of Month) (Day) (Year)
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FATHER.

8) FULL NAME Thompson Allen Brown9) PRESENT POSTOFFICE OF FATHER Anderson, S.C.10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 40 (Years)12) BIRTHPLACE Anderson Co. S.C.13) OCCUPATION worker20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Ethel Alice Smith(15) PRESENT POSTOFFICE OF MOTHER Anderson S.C.(15) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 33 (Years)(18) BIRTHPLACE Anderson Co. S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 10:27 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) H. D. Brown

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Anderson, 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 19

(28) F. B. CRAYTON, Local Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., shall report. 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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