

File No.—For State Registrar Only

(1) PLACE OF BIRTH

County of Berkeley....

Township of Estas.....

or
TOWN of

INC. LOWE'S

City of
(If birth occurs in a hospital or

STATE OF SOUTH CAROLINA

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 708, Registered No. 40
(For use of Local Registrar)

Registered No.
(For use of Local Registrar)

(No. St.; Ward)

(No. St.)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) BOY OR GIRL? <i>girl</i>	(4) Twin or Triplet? <i>To be answered only in event of Twins or Triplets</i>	(5) Number in order of birth	(6) Are Parents Married? <i>yes</i>	(7) DATE OF BIRTH <i>March 31, 1922</i> (Name of Month) (Day) (Year)
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FATHER.		MOTHER.	
(6) FULL NAME	<u>Manuel Brown</u>	(14) NAME BEFORE MARRIAGE	<u>Nettie Brown</u>

7) PRESENT POSTOFFICE OF FATHER Cross, S.C.

(15) PRESENT POSTOFFICE OF MOTHER Cross, S.C.

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 55 (Years)

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 33 (Years)

(12) BIRTHPLACE

(14) BIRTHPLACE	Berkeley Co.	(15) OCCUPATION	Berkeley Co.
(16) OCCUPATION		(17) OCCUPATION	

Labarer. Labarer.

(20) Number of children born to mother, including present birth { 4 } (21) Number of children of the mother now living, including present birth { 3 }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

James A. [illegible] at 2 am

(22) I hereby certify that I attended the birth of this child, who was _____ (Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.
(22) (Signature) Celia Aschell
_____, _____ of Physician or Midwife

(24) State whether Physician or Midwife Midwife (25) Address of Licensee Cross, S.C.

Given name added from a supplemental report.

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

D. W. Cross

..... 19

..... Registrar

(27) Filed Apr 3 19 22 (29) D.W. Local Registrar.

..... physician or midwife, then the father, householder, etc. should make this return.

..... No report is desired of stillbirths

If a child breathes even once, it must not be reported as stillborn. No report is required before the fifth month of pregnancy.

[illegible]
