

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.

DEPARTMENT OF COLUMBIA, COLUMBIA, S. C.

Form No. 1

(1) PLACE OF BIRTH

County of Dorchester  
Township of Koger  
or  
Inc. Town of .....  
or  
City of .....

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only

34229

Registration District No. 1705 Registered No. 71  
(For use of Local Registrar)

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

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? 1 (5) Number in order of birth 3 (6) Are Parents Married? Yes (7) DATE OF BIRTH Oct 14 22  
(Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME Albert Brown

(9) PRESENT POSTOFFICE OF FATHER Reevesville S.C.

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 20  
(Years)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Farming

(20) Number of children born to mother, including present birth 3

MOTHER.  
(14) NAME BEFORE MARRIAGE Jourina Bryant

(15) PRESENT POSTOFFICE OF MOTHER Reevesville S.C.

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 18  
(Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 6 A.M. on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Albert Brown

(24) State whether Physician or Midwife Physician Address of Physician or Midwife Town of Child Reevesville S.C.

Given name added from a supplemental report

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

(27) Filed Oct 21 22 (28) E. C. Eberhart 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.