

MARGIN RESERVED FOR INDEXING.
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 1.
Bureau of Statistics, Columbia, S. C.

(1) PLACE OF BIRTH

County of General
Township of Johnson
or
Inc. Town of
or
City of

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

Registration District No. 2018

No. for State Registrar

32239
Registered No. 2241
(For use of Local Registrar)

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

(2) Full Name of Child

(3) SEX OF CHILD Male (4) Type of Triplet No (5) Number in order of birth 1 (6) Are Fratricide No (7) DATE OF BIRTH 29 12 23
(Month) (Day) (Year)

FATHER
(8) FULL NAME A M Brown
(9) PRESENT RESIDENCE OF FATHER Johnsonville, S.C.
(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 21
(Year) (12) BIRTHPLACE SC
(13) OCCUPATION Broker
(14) Number of children born to mother, including present birth 2

MOTHER
(14) NAME BEFORE MARRIAGE Esis Powell
(15) PRESENT RESIDENCE OF MOTHER Johnsonville, S.C.
(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 18
(Year) (18) BIRTHPLACE SC
(19) OCCUPATION housewife
(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) A. H. Brown

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Johnsonville, S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Nov 11 19 23 (28) E. L. Porter 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.