

(1) PLACE OF BIRTH

County of Crutcher
 Township of Steel River
 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

41710

Registration District No. 1307 Registered No. 187
 (For use of Local Registrar)

(No. St. Ward)

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

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

(3) SEX OF CHILD Girl (4) Twin or Triplet? — (5) Number in order of birth — (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 8 1922
 (Name of Month) (Day) (Year)

FATHER
 (8) FULL NAME John H. Brown
 (9) PRESENT POSTOFFICE OF FATHER Patrick SC
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 53 (Years)
 (12) BIRTHPLACE SC
 (13) OCCUPATION Farming
 (14) Number of children born to mother, including present birth 5

MOTHER
 (14) NAME BEFORE MARRIAGE Amelia Gentry
 (15) PRESENT POSTOFFICE OF MOTHER Patrick SC
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 37 (Years)
 (18) BIRTHPLACE SC
 (19) OCCUPATION Housework
 (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 11:00 P.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) Amey Campbell

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Patrick SC

Given name added from a supplemental report

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

(27) Filed Dec 8 1922 (28) D. H. Gentry 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.