

WHEN FILLING IN THIS CERTIFICATE, WRITE UNFADING INK—FURNISH A COMPLETE RECORD. IF CHILD IS NOT YET NAMED, MAKE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE N. B.—In case of TWINS, FERTILE-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Union
Township of Cross Keys
or
Inc. Town of S.C.
or
City of S.C.

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

92076

Registration District No. 4200

Registered No. 52
(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 Walter Browning

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 3 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 4, 1906
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Melvin Browning

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

(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 32

(12) BIRTHPLACE Union Co

(13) OCCUPATION Farmer

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

MOTHER.

(14) NAME BEFORE MARRIAGE Lillie Rice

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

(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 37

(18) BIRTHPLACE Union Co

(19) OCCUPATION Farmer wife

(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 alive at 4:30 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lillie (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Sedalia S.C.

Given name added from a supplemental report

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

(27) Filled 19 (28) W. Mosely 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.