

(1) PLACE OF BIRTH
County of Crawford
Township of Marion
OR
Inc. TOWN of
OR
City of

File No.—For State Registrar Only
41798

Registration District No. 121... Registered No. 63.....
(For use of Local Registrar)

City of (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 Norma Brown { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <i>Girl</i>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <i>Yes</i>	(7) DATE OF BIRTH <i>Dec. 12, 1922</i> (Name of Month) (Day) (Year)
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FATHER.		MOTHER.	
8) FULL NAME	Willie Brown	(14) NAME BEFORE MARRIAGE	Rosa Jones
9) PRESENT POSTOFFICE OF FATHER	St Paul St.	(15) PRESENT POSTOFFICE OF MOTHER	St Paul St.
(10) COLOR OR RACE	Black	(16) COLOR OR RACE	Black
(11) AGE AT LAST BIRTHDAY	45 (Years)	(17) AGE AT LAST BIRTHDAY	36 (Years)
(12) BIRTHPLACE	North Carolina	(18) BIRTHPLACE	Clarendon Co St.
(13) OCCUPATION	Farm	(19) OCCUPATION	House wife
(20) Number of children born to mother, including present birth	5	(21) Number of children of this mother now living, including present birth	5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

(22) I hereby certify that I attended the birth of this child, who was John James at 10 M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature]
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplement-
tal report

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

(27) Filed Dec 18 1922 (28) Henry King Local Registrar.

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this report.
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.