

Form No. 1

## (1) PLACE OF BIRTH

County of PickensTownship of 01

or

Inc. Town of orCity of or

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

## (2) Full Name of Child

Robert Howard Brown

(3) BOY OR GIRL

B

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

Oct 3 22

To be answered only in event of Twin or Triplet

(Name of Month) (Day) (Year)

(8) FULL NAME

E. F. Brown

(9) PRESENT POSTOFFICE OF FATHER

Pickens S.C.

(10) COLOR OR RACE

W.

(11) AGE AT LAST BIRTHDAY

32

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farmer

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

13

(14) NAME BEFORE MARRIAGE

Flora Combs

(15) PRESENT POSTOFFICE OF MOTHER

Pickens S.C.

(16) COLOR OR RACE

W.

(17) AGE AT LAST BIRTHDAY

27

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Domestic

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

13

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive 2 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

John Brown

(24) State whether Physician or Midwife

Physician or Midwife

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary when question 23 is signed by mother)

(27) Filed

19

(28)

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.

PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FORM FOR EACH CHILD, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

MEMORANDUM OF COLUMBIA, COLUMBIA, S. C.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

36107

Registration District No. 3706Registered No. 104  
(For use of Local Registrar)St. or Ward or

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

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