

(1) PLACE OF BIRTH

County of Willamburg
 Township of Luther
 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

2727

Registration District No. 4310 Registered No. 2
 (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 Ann Wilson Brown

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

(3) BOY OR GIRL

(4) Twin or Triplet

(5) Number in order of birth 1(6) Are Parents Married? yes(7) DATE OF BIRTH Jan 6 1922
 (Same of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Buster Brown

(9) PRESENT POSTOFFICE OF FATHER

Lake City SC(10) COLOR OR RACE B(11) AGE AT LAST BIRTHDAY 30
 (Years)

(12) BIRTHPLACE

SC

(13) OCCUPATION

Farmer

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

4

MOTHER.

(14) NAME BEFORE MARRIAGE

Letha Wilson

(15) PRESENT POSTOFFICE OF MOTHER

Lake City SC(16) COLOR OR RACE B(17) AGE AT LAST BIRTHDAY 28
 (Years)

(18) BIRTHPLACE

SC

(19) OCCUPATION

Housewife

(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 alive at 5 M., on the date above stated. (Born alive or stillborn. (Hour A. M. or P. M.))

(23) (Signature) Adeline Wilson

(24) State whether Physician or Midwife

midwife

(25) Address of Physician or Midwife

Calles SC

Given name added from a supplemental report

(26) Witnesses

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

(27) Filed Jan 6 1922(28) Mrs. W. A. Fitch

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.