

(1) PLACE OF BIRTH

County of Sumter
 Township of Providence
 or
 Inc. Town of _____
 OF _____
 City of _____

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

13023

Registration District No. 4105Registered No. 31
(For use of Local Registrar)

(2) Full Name of Child Anderson Brown (No. _____ St.; _____ Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? _____ (5) Number in order of birth _____ (6) Are Parents Married? yes (7) DATE OF BIRTH March 30, 1922
 To be answered only in case of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Alex Brown
 (9) PRESENT POSTOFFICE OF FATHER Dalzell S. G.
 (10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 45 (Year)
 (12) BIRTHPLACE S. C.
 (13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Trophosa Pock
 (15) PRESENT POSTOFFICE OF MOTHER Dalzell S. G.
 (16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 25 (Year)
 (18) BIRTHPLACE S. C.
 (19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 10 (21) Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was alive at 11 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Nellie Mount(24) State whether Physician or Midwife midwife(25) Address of Physician or Midwife Dalzell S. G.

Given name added from a supplemental report:

(26) Witness Mrs. Emma B. B. B.

(Signature of Witness necessary only when question 22 is signed by mark)

(19) Registrar

(27) File April 5, 1922

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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.