

1. In case of TWINS or TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 6.

**(1) PLACE OF BIRTH**  
 County of Franklin  
 Township of 2  
 Inc. Town of .....  
 City of .....  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No. — For State Registrar Only  
40120

Registration District No. 128 Registered No. 5  
 (For use of Local Registrar)

(No. .... St. .... Ward)  
 (If child is not yet named, make supplemental report as directed)

**(2) Full Name of Child** Asbert Brown

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet To be answered only in case of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <u>No</u>	(7) DATE OF BIRTH <u>Dec. 4, 1923</u> (Name of Month) (Day) (Year)
<b>FATHER.</b>			<b>MOTHER.</b>	
(8) FULL NAME <u>James Brown</u>			(14) NAME BEFORE MARRIAGE <u>Bessie Jeanier</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Arvon</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Arvon</u>	
(10) COLOR OR RACE <u>Black</u>	(11) AGE AT LAST BIRTHDAY <u>22</u> (Years)	(16) COLOR OR RACE <u>Black</u>	(17) AGE AT LAST BIRTHDAY <u>18</u> (Years)	
(12) BIRTHPLACE <u>Arvon</u>			(18) BIRTHPLACE <u>Arvon</u>	
(13) OCCUPATION <u>Hammering</u>			(19) OCCUPATION <u>Domestic</u>	
(20) Number of children born to mother, including present birth <u>One (1)</u>			(21) Number of children of this mother now living, including present birth <u>One (1)</u>	

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

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

(23) (Signature) Elizabeth X. Lightner  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Arvon

Given name added from a supplemental report  
 (26) Witness William Deanier  
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Dec. 12, 1923 (28) H. H. ...  
 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 before the fifth month of pregnancy.