

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
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 5.

(1) PLACE OF BIRTH

County of Anderson  
Township of Marion  
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

**20995**

Registration District No. 315 Registered No. 38  
(For use of Local Registrar)

(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 Loyd Brown {If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH July 7, 22  
(Name of Month) (Day) (Year)

**FATHER.**

(8) FULL NAME Colonel Brown  
(9) PRESENT POSTOFFICE OF FATHER Essex St #6  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 27 (Years)  
(12) BIRTHPLACE SC  
(13) OCCUPATION Farmy  
(20) Number of children born to mother, including present birth 6

**MOTHER.**

(14) NAME BEFORE MARRIAGE Lola Maynard  
(15) PRESENT POSTOFFICE OF MOTHER Essex St #6  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 24 (Years)  
(18) BIRTHPLACE SC  
(19) OCCUPATION Housewife  
(21) Number of children of this mother now living, including present birth 6

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was alive at 4 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) L. E. Allen

(24) State whether Physician or Midwife Physician

(25) Address of Physician or Midwife Essex St #2

Given name added from a supplemental report

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

(27) Filed 8/11/22 19 22 (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.