

WRITE PLAINLY. WITH UNFADING INK.—THIS IS A PERMANENT RECORD.  
 N. B.—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 1.  
 Bureau of Columbia, Columbia, S. C.

(1) PLACE OF BIRTH		<b>CERTIFICATE OF BIRTH</b> STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		File No.—for State Registrar Only <b>9391</b>
County of <u>Beaufort</u> Township of <u>Bluffton</u> OF Inc. Town of ..... OF City of ..... (No. ....) ..... Ward		Registration District No. <u>601</u> Registered No. <u>1</u> (For use of Local Registrar)		
(2) Full Name of Child <u>Elle Rose Brown</u> (If child is not yet named, make supplemental report as directed)				
(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <u>ye</u>	(7) DATE OF BIRTH <u>Jan 2 1923</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Hector Brown</u>			(14) NAME BEFORE MARRIAGE <u>Caroline Bush</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Bluffton, SC</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Bluffton, SC</u>	
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>21</u> (Years)	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>22</u> (Years)	
(12) BIRTHPLACE <u>Beaufort County</u>			(18) BIRTHPLACE <u>Beaufort County</u>	
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>housewife</u>	
(20) Number of children born to mother, including present birth <u>2</u>			(21) Number of children of this mother now living, including present birth <u>2</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* (22) I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>12</u> M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.) (23) (Signature) <u>Juan Thomas</u> (24) State whether Physician or Midwife (25) Address of Physician or Midwife				
Given name added from a supplemental report ..... ..... ..... 19 .. Registrar			(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark) (27) Filed <u>Jan 12 1923</u> (28) <u>W. J. Thomas</u>	
*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 of stillbirths before the fifth month of pregnancy.				