

(1) PLACE OF BIRTH

County of Greenville

Township of

or
Inc. Town ofor
City of Greenville

(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

31360

Registration District No. 34... Registered No. 125...
(For use of Local Registrar)(2) Full Name of Child Lillian Lucretia Brown If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet? <u>No</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>2</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Sept. 22</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Paul Brown(9) PRESENT POSTOFFICE OF FATHER Greenville S.C.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 23 (Year)(12) BIRTHPLACE Greenville S.C.(13) OCCUPATION Teacher(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Lillian A. Jones(15) PRESENT POSTOFFICE OF MOTHER Greenville S.C.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 19 (Year)(18) BIRTHPLACE Greenville S.C.(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was... Sept. 22 at 4 P.M.
on the date above stated. (born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) Nellie J. Gallman
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife 836 Hunter St.

Given name added from a supplemental report

E. S. Cunningham1922
Registrar

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

(27) Filed Oct. 2 1922 (28) E. S. Cunningham
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.

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