CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only: 17357

(1) PLACE OF BIRTH
County of Aiken
Township of Schultz
or
Inc. Town of .....
or
City of ..... (No. ..... St.; ..... Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 213 Registered No. 25
(For use of Local Registrar)

(2) Full Name of Child Sarah Alice Brown (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? girl
(4) Twin or Triplet? (5) Number in order of birth — To be answered only in event of Twins or Triplets
(6) Are Parents Married? Yes
(7) DATE OF BIRTH June 10 1922 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Ben Brown
(9) PRESENT POSTOFFICE OF FATHER Augusta Ga R 4
(10) COLOR OR RACE Blk
(11) AGE AT LAST BIRTHDAY 32 (Years)
(12) BIRTHPLACE S C
(13) OCCUPATION Laborer RR
(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Alice Ryan
(15) PRESENT POSTOFFICE OF MOTHER Augusta Ga R 4
(16) COLOR OR RACE Blk
(17) AGE AT LAST BIRTHDAY 26 (Years)
(18) BIRTHPLACE S C
(19) OCCUPATION Home
(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9:30 P M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Sarah Ryan
(24) State whether Physician or Midwife: Midwife
(25) Address of Physician or Midwife: Augusta Ga R 4

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 6/27 1922 (28) A L Medlock 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.

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 5.

McCaw of Columbia, Columbia, S. C.