

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar

41020

County of DurhamTownship of ✓or
Inc. Town of ✓or
City of DurhamRegistration District No. 13-A Registered No. 44
(For use of Local Registrar)St. ✓ Ward ✓
(If birth occurs in hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child Annie Louise Tucker 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 ✓ (6) Are Parents Married ✓ (7) DATE OF BIRTH 10 29 22
(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME R. E. Brown(14) NAME BEFORE MARRIAGE Francis E. Tucker(9) PRESENT POSTOFFICE OF FATHER S.C.(15) PRESENT POSTOFFICE OF MOTHER Durham S.C.(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 22 (Years)(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 22 (Years)(12) BIRTHPLACE S.C.(18) BIRTHPLACE S.C.(13) OCCUPATION Whole Sale Gas Salesman(19) OCCUPATION Domestic(20) Number of children born to mother, including present birth 1(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 4 30 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) E. C. Early

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Jan 1 1923 (28) E. C. Early Local Registrar

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 be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.