

(1) PLACE OF BIRTH

County of Columbia
 Township of Richland
 or
 Inc. Town of

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

File No. — For State Registrar Only
16267

Registration District No. 4401 Registered No. 27
 (For use of Local Registrar)

City of (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 James Brown If child is not yet named, make supplemental report as directed

3. SEX OF CHILD Male 4. Twin or Triplet? No 5. Number in order of birth 1 6. Are Parents Married? Yes DATE OF BIRTH May 15 1922
 (Month) (Day) (Year)

FATHER. (1) FULL NAME Y. Hunt Brown (14) NAME BEFORE MARRIAGE James Y. Hunt

9. PRESENT POSTOFFICE OF FATHER Smiths S. C. R. Y. D. (15) PRESENT POSTOFFICE OF MOTHER Smiths S. C. R. Y. D.

10. COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 45 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 39

12. BIRTHPLACE S. C. (18) BIRTHPLACE S. C.

13. OCCUPATION Farmer (19) OCCUPATION Domestic

20. Number of children born to mother, including present birth 10 (21) Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 8 A. M. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) J. E. Yancy (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Rock Hill, S. C.

Given name added from a supplemental report

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

(27) Filed 57957 1923 (28) Registrar J. E. Yancy

*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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