

MARGIN RESERVED FOR ENDING.

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.

Model of Columbia, Columbia, S. C.

(1) PLACE OF BIRTH  
 County of Chesterfield  
 Township of Alayvian  
 OF  
 Inc. Town of.....  
 OF  
 City of.....

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

No. 10.—For State Registrar Only  
**3406**

Registration District No..... Registered No. 5  
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
 (No. .... St. .... Ward ....)

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

(3) BOY OR GIRL <u>girl</u>	(4) Type of Triplet <u>To be reported only in case of Triplet or Triplet</u>	(5) Number in order of birth	(6) Age of Child <u>1 yr</u>	(7) DATE OF BIRTH <u>Feb. 1st 1921</u> (Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Jim Brown</u>			(10) NAME BEFORE MARRIAGE <u>F. A. Brown</u>	
(9) PRESENT POSTOFFICE OF FATHER			(10) PRESENT POSTOFFICE OF MOTHER <u>Richmond</u>	
(11) COLOR OF HAIR <u>dark</u>	(11) AGE AT LAST BIRTHDAY <u>4</u> (Year)	(12) COLOR OF HAIR <u>dark</u>	(12) AGE AT LAST BIRTHDAY <u>37</u> (Year)	(13) BIRTHPLACE <u>B. R. near</u>
(13) BIRTHPLACE		(14) BIRTHPLACE		
(15) OCCUPATION		(15) OCCUPATION		
(20) Number of children born to mother, including present birth <u>Just 15</u>			(21) Number of children of this mother now living, including present birth <u>15</u>	

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

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

(23) (Signature) [Signature]

(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 mark)

(27) Filed ..... 19 ..... (28) 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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