

WHAT PLAINLY, WITH UNFAVORING LIGHT—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 6.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		File No.—For State Registrar Only 2768	
County of <u>York</u> Township of <u>Kataula</u> or Inc. Town of _____ or City of _____		Registration District No. <u>4465</u>		Registered No. <u>8</u> (For use of Local Registrar)	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)					
(2) Full Name of Child <u>Joe Wm Brown</u>		If child is not yet named, make supplemental report as directed			
(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>To be answered only in event of Twins or Triplets</u>	(5) Number in order of Birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan 22 22</u> (Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Joe Wm Brown</u>			(14) NAME BEFORE MARRIAGE <u>Maggie Brown</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Lulu SC</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Lulu SC</u>		
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>36</u> (Years)	(16) COLOR OR RACE <u>Negro</u>		(17) AGE AT LAST BIRTHDAY <u>33</u> (Years)	
(12) BIRTHPLACE <u>SC</u>		(18) BIRTHPLACE <u>SC</u>			
(13) OCCUPATION <u>Farm work</u>		(19) OCCUPATION <u>Farm work</u>			
(20) Number of children born to mother, including present birth <u>6</u>		(21) Number of children of this mother now living, including present birth <u>6</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(22) I hereby certify that I attended the birth of this child, who was _____ at _____ M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Medrup</u>		(24) State whether a Physician or Midwife			
Given name added from a supplemental report		(25) Address of Physician or Midwife			
(26) Witness		(27) Filed <u>2/4</u>			
(28) (Signature of Witness necessary only when question 23 is signed by mother)		(29) 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.