

(1) PLACE OF BIRTH

County of AndersonTownship of Lawson

Inc. Town of

or

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

314672

Registration District No. 315Registered No. 100

(For use of Local Registrar)

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

2) Full Name of Child Marta Brown

If child is not yet named, make supplemental report as directed

(1) BOY OR GIRL? Girl(4) Twin or Triplet? No(5) Number in order of birth 2(6) Are Parents Married? Yes(7) DATE OF BIRTH Jul. 27, 1913
(Name of Month) (Day) (Year)

FATHER

MOTHER

(8) FULL NAME John Brown(14) NAME BEFORE MARRIAGE Dennis Brown(9) PRESENT POSTOFFICE OF FATHER Candler SC 41(15) PRESENT POSTOFFICE OF MOTHER Candler SC 41(10) COLOR OR RACE Negro(11) AGE AT LAST BIRTHDAY 44

(Years)

(16) COLOR OR RACE Negro(17) AGE AT LAST BIRTHDAY 38

(Years)

(12) BIRTHPLACE SC(18) BIRTHPLACE SC(13) OCCUPATION Farmer(19) OCCUPATION Housewife(20) Number of children born to mother, including present birth 12(21) Number of children of this mother now living, including present birth 12

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 7:12 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Physician(24) State whether Physician or Midwife (25) Address of Physician or Midwife Candler SC

Given name added from a supplemental report

(26) Witness

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

(27) Filed 1913

Registrar

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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