

(1) PLACE OF BIRTH

County of GreenvilleTownship of St. C.or Inc. Town of St. C.or City of St. C.

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

18857

Registration District No. V. 29. B. Registered No. 299
(For use of Local Registrar)(No. 85 Egemore St.; Ward)

(2) Full Name of Child

Wm. H. Brown If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?

Female

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF

BIRTH June 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Frank H. Brown

(9) PRESENT POSTOFFICE OF FATHER

Greenville

(10) COLOR OR RACE

W.

(11) AGE AT LAST BIRTHDAY

39
(Years)

(12) BIRTHPLACE

Anderson Co.

(13) OCCUPATION

Mill work

(20) Number of children born to mother, including present birth

19

MOTHER.

(14) NAME BEFORE MARRIAGE

Tina Thacker

(15) PRESENT POSTOFFICE OF MOTHER

Greenville

(16) COLOR OR RACE

W.

(17) AGE AT LAST BIRTHDAY

35
(Years)

(18) BIRTHPLACE

Anderson

(19) OCCUPATION

Housewife

(21) Number of children of this mother now living, including present birth

8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was alive at 120 P.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Greenville

Given name added from a supplemental report

(26) Witness

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

(27) Filed

June 141922

(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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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 5.

MECHANICAL COLUMBIA, S. C.

MECHANICAL