

No. 1

PLACE OF BIRTH

City of Jasper
 Township of Cooper
 or
 Town of
 or
 of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

43032

Registration District No. 601 Registered No. 89
 (For use of Local Registrar)

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

Full Name of Child Sarah Brown If child is not yet named, make supplemental report as directed

(1) Sex Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? No (7) DATE OF BIRTH Dec 30 1912
 (Name of Month) (Day) (Year)

FATHER.
Samuel Green
 PRESENT POSTOFFICE OF FATHER Coasawhatchee
 COLOR Negro (11) AGE AT LAST BIRTHDAY 2 (Years)
Gregory Neek
 OCCUPATION Public Work
 Number of children born to 1
 mother, including present birth

MOTHER.
 (14) NAME BEFORE MARRIAGE Rosa Brown
 (15) PRESENT POSTOFFICE OF MOTHER Coasawhatchee
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 17 (Years)
 (18) BIRTHPLACE Coasawhatchee
 (19) OCCUPATION House work
 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 10 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lucy Hamilton
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Midwife Coasawhatchee

Name added from a supplemental report

(26) Witness P. J. Roberts
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 1/5 19 23 R. J. D. Roberts Local Registrar.

If there was no attending physician or midwife, then the father, householder, etc., should make this return. If child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.