

1) PLACE OF BIRTH

County of Yellow
Township of Parmitall
or
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

18377

Registration District No. 1601 Registered No. 44
(For use of Local Registrar)
(No. St. Ward)

2) Full Name of Child

Julia Brown

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

3) SEX OR GENDER Boy 4) Twin or Triplet? No 5) Number in order of birth 1 6) Are Parents Married? Yes 7) DATE OF BIRTH May 27, 1922
(Name of Month) (Day) (Year)

FATHER
8) FULL NAME J. E. Brown
9) PRESENT POSTOFFICE OF FATHER R.F.D. Home S.C.
10) COLOR OR RACE White 11) AGE AT LAST BIRTHDAY 43
12) BIRTHPLACE S.C.
13) OCCUPATION Farmer
14) Number of children born to mother, including present birth 5

MOTHER
14) NAME BEFORE MARRIAGE Hallie Murray
15) PRESENT POSTOFFICE OF MOTHER R.F.D. Home S.C.
16) COLOR OR RACE White 17) AGE AT LAST BIRTHDAY 32
18) BIRTHPLACE S.C.
19) OCCUPATION Housewife
20) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

21) I hereby certify that I attended the birth of this child, who was born alive or stillborn on the date above stated.

(22) (Signature) T. D. Parmitall M.D. (23) Address of Physician or Midwife Parmitall S.C.

Given name added from a supplemental report

(24) Witness (Signature of Witness necessary only when question 22 is signed by mark)
Julia Brown (25) Local Registrar

When there was no attending physician, householder, etc., should make this return. If a child breathes even once, report is desired of stillbirths.

RECORD OF COLUMBIA, COLUMBIA S. C.