

Form No. 3

(1) PLACE OF BIRTH

copy

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

File No.—For State Registrar Only

42340

County of Florence

Township of Main

or
Inc. Town of.....or
City ofRegistration District No. 7.0.0.1. Registered No. 118
(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.)(2) Full Name of Child Isiah Brown

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

(3) BOY OR GIRL?

Boy

(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

Sept 29 22
(Name of Month) (Day) (Year)**FATHER.**

(8) FULL NAME

Fred Brown

(9) PRESENT POSTOFFICE OF FATHER

Hymaw

(10) COLOR OR RACE

negro

(11) AGE AT LAST BIRTHDAY

39
(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farmer

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

1 7

MOTHER.

(14) NAME BEFORE MARRIAGE

Minnie Basque

(15) PRESENT POSTOFFICE OF MOTHER

Hymaw

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

30
(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Housewife

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

1 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*(22) I hereby certify that I attended the birth of this child, who was... born alive... at... 2 P.M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Anna Cain

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

Hymaw

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Oct 27 19 22

(28)

Local Registrar.

19
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.

STATE BLANK FOR EACH CHILD, and mark the
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

MCCAB OF COLUMBIA, COLUMBIA, S. C.