

(1) PLACE OF BIRTH

County of Greenville
 Township of Chick Spring

CERTIFICATE OF BIRTH

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

File No.—for State Registration

3986

Inc. Town of Greenville Registration District No. 22 Registered No. 4
 City of Greenville (No. 1 Ward) (For use of Local Registrar)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Donald B. Brown If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb 19 22 (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Creston Leon Bruce(9) PRESENT POSTOFFICE OF FATHER Greenville SC(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 29 (Years)(12) BIRTHPLACE Greenville Co(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth Four

MOTHER

(15) NAME BEFORE MARRIAGE Nora Barry(16) PRESENT POSTOFFICE OF MOTHER Greenville SC(17) COLOR OR RACE W (18) AGE AT LAST BIRTHDAY 31 (Years)(19) BIRTHPLACE Greenville(20) OCCUPATION Worms(21) Number of children of this mother now living, including present birth Four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive on Feb 19 22 (Born alive or stillborn) (Year A. M. or P. M.)
 on the date above stated.

(23) (Signature) Thos. A. White
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Greenville

Given name added from a supplemental report

John D. Brown 1922
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(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) W. G. Brown
 (27) Filed 3/10 1922 (28) Local Registrar

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