

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
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.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		22 050319	
STATE OF SOUTH CAROLINA		Bureau of Vital Statistics		State Board of Health	
County of <u>Sumner</u>		Registration District No. <u>22902</u>		Registered No. <u>1271</u>	
Township of <u>Hammer</u>		City of <u>Hammer</u>		(For use of Local Registrar)	
or		or		(No. .... St.; .... Ward)	
Inc. Town of <u>Goldville</u>		City of <u>Hammer</u>		(If birth occurs in a hospital or other institution, give name of same instead of street and number.)	
(2) Full Name of Child <u>George Browning</u>		If child is not yet named, make supplemental report as directed			
(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>7/7/22</u>	
To be answered only in event of Twins or Triplets		(Name of Month) (Day)		(Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>George Browning</u>			(14) NAME BEFORE MARRIAGE <u>Reenie Gray Adams</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Goldville S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Goldville S.C.</u>		
(10) COLOR OR RACE <u>W</u>	(11) AGE AT LAST BIRTHDAY <u>27</u>	(12) BIRTHPLACE <u>Goldville S.C.</u>	(13) OCCUPATION <u>Farmer</u>	(16) COLOR OR RACE <u>W</u>	(17) AGE AT LAST BIRTHDAY <u>27</u>
(18) OCCUPATION <u>Farmer</u>			(19) BIRTHPLACE <u>Hammer S.C.</u>		
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>1</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>born alive or stillborn</u> at <u>11 P.M.</u> on the date above stated. (Hour A. M. or P. M.)					
(23) (Signature) <u>W. D. Heasley</u>					
(24) State whether Physician or Midwife <u>Midwife</u>					
(25) Address of Physician or Midwife <u>Clinton, S.C.</u>					
Given name added from a supplemental report			(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)		
<u>By affiant</u>			<u>J. L. N. Bailey</u>		
<u>3/22/45</u>			<u>Local Registrar</u>		
Registrar			(27) Filed <u>Jan 12 1924</u>		
*When there was no attending physician or midwife, then the father, householder, etc., should make this return, red of stillbirths					

AFF NEXT FRAME