

## (1) PLACE OF BIRTH

County of Auderson  
 Township of Williamston  
 or  
 Inc. Town of Pelzer SC  
 or  
 City of .....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

6378

Registration District No. 3-2Registered No. 11  
(For use of Local Registrar)

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

(2) Full Name of Child Lewis Archibald 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 Mar 7 1922  
 (Name of Month) (Day) (Year)

FATHER (8) FULL NAME Minus Brown (14) NAME BEFORE MARRIAGE Glady's Brock

(9) PRESENT POSTOFFICE OF FATHER Williamston SC (15) PRESENT POSTOFFICE OF MOTHER Williamston SC

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 26 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 26  
 (Years) (Year)

(12) BIRTHPLACE SC (18) BIRTHPLACE SC

(13) OCCUPATION Laborer (19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth 2 (21) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 11:16 P. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. T. Morton (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Pelzer SC

Given name added from a supplemental report

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

(27) Filed 4-8-22 (28) B. F. Russell Local 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.