

(1) PLACE OF BIRTH

County of Berkeley
 Township of St. Thomas
 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

6652

Registration District No. 707 Registered 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.)

(2) Full Name of Child Thomas 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 28 1922
 (Name of Month) (Day) (Year)

FATHER: (8) FULL NAME: Mc Brown (9) PRESENT POSTOFFICE OF FATHER: Wando SC (10) COLOR OR RACE: col (11) AGE AT LAST BIRTHDAY: 25 (12) BIRTHPLACE: Berkeley (13) OCCUPATION: Laborer
 MOTHER: (14) NAME BEFORE MARRIAGE: Martha Brown (15) PRESENT POSTOFFICE OF MOTHER: Wando SC (16) COLOR OR RACE: col (17) AGE AT LAST BIRTHDAY: 28 (18) BIRTHPLACE: Berkeley (19) OCCUPATION: House wife
 (20) Number of children born to mother, including present birth: two (21) Number of children of this mother now living, including present birth: two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 12 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Catherine Brown (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Wando SC

Given name added from a supplemental report: _____ (26) Witness (Signature of Witness necessary only when question 23 is signed by mark) _____ (27) Filed April 12 1922 (28) Local Registrar: Wm W C Cook

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.