

## (1) PLACE OF BIRTH

County of Darlington  
 Township of St.  
 or  
 Inc. Town of St.  
 or  
 City of St.

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

File No.—For State Registrar Only  
33967

Registration District No. 4.2.9. / Registered No. 28.  
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
 St.; ..... Ward)

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

(3) BOY OR GIRL girl (4) Twin or Triplet? - (5) Number in order of birth - (6) Are Parents Married? yes (7) DATE OF BIRTH Dec-6, 1922  
 (Name of Month) (Day) (Year)

**FATHER.**  
 (8) FULL NAME Sidney Brown  
 (9) PRESENT POSTOFFICE OF FATHER Darlington S.C.  
 (10) COLOR OR RACE Col. (11) AGE AT LAST BIRTHDAY 29. (Year)  
 (12) BIRTHPLACE S.C.  
 (13) OCCUPATION Farm work

**MOTHER.**  
 (14) NAME BEFORE MARRIAGE Ellen Brown  
 (15) PRESENT POSTOFFICE OF MOTHER Darlington S.C.  
 (16) COLOR OR RACE Col. (17) AGE AT LAST BIRTHDAY 27. (Year)  
 (18) BIRTHPLACE S.C.  
 (19) OCCUPATION at home

(20) Number of children born to mother, including present birth 3 (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 12.5 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Amanda S. S. S.  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Darlington S.C.

Given name added from a supplemental report

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

(27) Filed Nov 1, 1922 (28) 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.