

(1) PLACE OF BIRTH

County of Marion Co.Township of Marionor
Inc. Town ofor
(City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 3903

File No.—For State Registrar Only

19429

Registered No. 26
(For use of Local Registrar)(No. St.; Ward)
If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

BrownIf child is not yet named, make
supplemental report as directed

3 BOY OR GIRL? <u>Boy</u>	4) Twin or Triplet? <u>X</u> To be answered only in event of Twins or Triplets	5) Number in order of birth <u>X</u>	6) Are Parents Married? <u>Yes</u>	7) DATE OF BIRTH <u>June 4, 1932</u> (Name of Month) (Day) (Year)
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FATHER.

8) FULL NAME W. H. J. Brown9) PRESENT POSTOFFICE OF FATHER R. F. D. Marion10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 46
(Years)12 BIRTHPLACE Marion Co.13 OCCUPATION Farmer20) Number of children born to mother, including present birth 12

MOTHER.

(14) NAME BEFORE MARRIAGE Lilly Collins

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 40
(Years)(18) BIRTHPLACE Marion Co.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 9.9 A.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) E. Warren Dikley M.D.(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Marion, S. C.

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed July 10 1932 (28) Lena Newton
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.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.

MARGIN RESERVED FOR INDEXING. WHITE PLAINLY, WITH ENFOLDING, THIS IS A PERMANENT RECORD OF EACH CHILD, and mark the N. N.—in case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the PRINT-BOIN. No. 1 THE OTHER, No. 2, etc. in question 5. MARY OF COLUMBIA, COLUMBIA S. C.