

MARGIN RESERVED FOR BINDING.

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.

McGAW OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Barnes S.Township of 3 mile

OR

Inc. Town of 2. hick

OR

City of

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

(2) Full Name of Child Williams Aron Brown child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u> To be answered only in case of Twins or Triplets	(5) Number in order of birth <u>5</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>9-13-22</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME J. B. Brown(9) PRESENT POSTOFFICE OF FATHER Chick(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 31 (Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 7

MOTHER.

(14) NAME BEFORE MARRIAGE Jennie Ann(15) PRESENT POSTOFFICE OF MOTHER Chick(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 25 (Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Housework(21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was Born alive at 12:30 P.M. on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)(23) (Signature) A. H. Jones(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Chick 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 Oct 30 1922 (28) M. D. Thomas 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.

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CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

33168

Registration District No. 404 Registered No. 87

(For use of Local Registrar)

(No. St.; Ward)