

(1) PLACE OF BIRTH

County of Pickens
 Township of Easley
 OR
 Inc. Town of
 OR
 City of Easley

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

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

36046

Registration District No. 37.9 Registered No. 155
 (For use of Local Registrar)

(2) Full Name of Child

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 Oct 21 1922
 To be answered only in case of Twin or Triplet (Name of Month) (Day) (Year)

FATHER

MOTHER

(8) FULL NAME Marvin G. Browning(14) NAME BEFORE MARRIAGE Dora Lee(9) PRESENT POSTOFFICE OF FATHER Easley P. #2(15) PRESENT POSTOFFICE OF MOTHER Easley(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 26 (Year)(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 25 (Year)(12) BIRTHPLACE S.C.(18) BIRTHPLACE S.C.(13) OCCUPATION Outside work at Cotton Mill(19) OCCUPATION Domestic(20) Number of children born to mother, including present birth 4(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 8 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. A. Bolt

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

(27) Address of Witness

(Signature of Witness necessary only when question 22 is signed)

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Registrar

(27) Filed Nov. 4, 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.

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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.

RECEIVED BY COLUMBIA, S. C.

150051