

MARGIN RESERVED FOR INDEXING.

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 8.

Order of Births, Columbia, S. C.

(1) PLACE OF BIRTH

County of Bamberg
Township of 3rd
Inc. Town of
City of

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

Registration District No. 404

No. 34740
Registered No. 117
(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 Jessie Davis Brown

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

(3) SEX OF CHILD Boy (4) Type or Trade To be reported only in case of Trade or Trade (5) Number in order of birth 3 (6) Age yo (7) DATE OF BIRTH Sept. 11, 23
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Peray R. Brown
(9) PRESENT RESIDENCE OF FATHER Alax S b
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 27
(12) BIRTHPLACE S b
(13) OCCUPATION Farmer
(14) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Jessie B. Lyons
(15) PRESENT RESIDENCE OF MOTHER Alax S b
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 22
(18) BIRTHPLACE S b
(19) OCCUPATION Housework
(20) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was Born Alive at 3 a.m. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature) Joe Barcland
(23) State whether Physician or Midwife Midwife (24) Address of Physician or Midwife Alax S b

Given name added from a supplemental report

(25) Witness (Signature of Witness necessary only when question 21 is signed by name)
(26) Date Nov. 14, 23 (27) Registrar H. H. Kinard

When there was no attending physician or midwife, then the father, householder, etc., should sign. If a child breathes even once, it must not be reported as stillborn. No report is desired of a stillborn before the fifth month of pregnancy.