

(1) PLACE OF BIRTH

County of *Anderson*Township of *Corn*

Inc. Town of

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 *Irma Brown*(3) Sex—
GIRL(4) Twin
or Triplet? ☒

To be answered only in event of Twins or Triplets

(5) Number in
order of birth *1*(6) Are
Parents
Married? *Yes*

(7) DATE OF

BIRTH: *Apr 12 1922*
(Name) (Month) (Day) (Year)Registered No. *38*
(For use of Local Registrar)St. *Ward*If child is not yet named, make
supplemental report as directed

FATHER.

(8) FULL
NAME *John Brown*(9) PRESENT
POSTOFFICE
OF FATHER *Iron Bl.*(10) COLOR
OR
RACE *White*(11) AGE AT LAST
BIRTHDAY *36*
(Years)(12) BIRTHPLACE *Anderson Co. Bl.*(13) OCCUPATION *Farmer*(14) NAME BEFORE
MARRIAGE *John Lucile Harris*(15) PRESENT
POSTOFFICE
OF MOTHER *Iron Bl.*(16) COLOR
OR
RACE *White*(17) AGE AT LAST
BIRTHDAY *32*
(Years)(18) BIRTHPLACE *Anderson Co. Bl.*(19) OCCUPATION *House wife*(21) Number of children of this mother
now living, including present birth *5*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was *John* (Born alive or stillborn) (How A. M. or P. M.) *12:40 P. M.*
on the date above stated.(23) (Signature) *John Brown*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife *Iron Bl.*Given name added from a supplement-
tal report

(26) Witness

(Signature of Witness necessary only
when question 23 is signed by mark)(27) Filed *May 4 1922*

(28) Local Registrar

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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