

**(1) PLACE OF BIRTH**

County of Alameda

**Keywords:**

**OF**  
**THE TOWN OF**

OF

**City of**

# CERTIFICATE OF BIRTH

**STATE OF SOUTH CAROLINA**

**Bureau of Vital Statistics**

**State Board of Health**

File No. — For Study Reference Only

44788

Registration District No. 40000

Registered No. 26  
(For use of Local Registrar)

(For use of local authorities)

(7) Full Name of Child: Flossie Irene Brown

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

W - BOWEN  
GIRL?

(4) Twin or Triplet?

(g) Number in order of birth

(6) Are Parents *h*

(2) DATE OF *Feb 25*

Month of Mouth (Day) (Year)

**FATHER**

(5) FULL NAME *Wade*  
*Wade*

DATE: 10/10/2001

POSTOFFICE  
OF FATHER *C. Kerney S.C.*

(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *23*

(12) BIRTHPLACE La

                

\_\_\_\_ (Date of Birth) (Month) (Day) (Year)

(14) NAME BEFORE *B* *21*

WARRIAGE Joseph Kolman  
(16) PRESENT Joseph Kolman

POSTOFFICE  
OF MOTHER *Chas. S.C.*

(16) COLOR OR HAIR White (17) AGE AT LAST BIRTHDAY 24

(18) BIRTHPLACE \_\_\_\_\_ (Years) \_\_\_\_\_

0.0.

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(2) I hereby certify that I attended the birth of this child, who was born alive at 8:30 a.m. on the date above stated. (Both are or still born) (If A or B)

(23) (Signature)

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

L. A. Piser, Jr.

5126/44

(20) Witness .....  
(Signature of Witness necessary only  
when question 23 is signed by mark)

(27) Filed 7-24 1918 (22) J. H. Anderson

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.