

(1) PLACE OF BIRTH

County of Worcester
 Township of Beaufort
 or
 Inc. Town of
 or
 City of (No. St.; Ward)

CERTIFICATE OF BIRTH

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

File No. - For State Registrar Only

9444

Registration District No. 1302 Registered No. 23
 (For use of Local Registrar)

(2) Full Name of Child Sumner Brown

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

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 2 (6) Are Parents Married? Yes (7) DATE OF BIRTH March 15, 1922
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Cloe Brown
 (9) PRESENT POSTOFFICE OF FATHER Beaufort
 (10) COLOR OR RACE W. C. (11) AGE AT LAST BIRTHDAY 24 (Year)
 (12) BIRTHPLACE Worcester
 (13) OCCUPATION Farmer

MOTHER

(14) NAME BEFORE MARRIAGE Staline Pendergrass
 (15) PRESENT POSTOFFICE OF MOTHER Beaufort
 (16) COLOR OR RACE W. C. (17) AGE AT LAST BIRTHDAY 22 (Year)
 (18) BIRTHPLACE Worcester
 (19) OCCUPATION Housekeeper
 (20) Number of children born to mother, including present birth 2
 (21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 2 P. M. on the date above stated. (Born alive or stillborn) (Hour, P. M. or P. M.)

(23) (Signature) Martha Washington(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Beaufort

Given name added from a supplemental report

(26) Witness C. Brown

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

(27) Filed March 22, 1922(28) B. B. Baker

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.