

## (1) PLACE OF BIRTH

County

Township of

or

Inc. Town of

or

City of

(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

7718

Registration District No. 22092

Registered No. 94

(For use of Local Registrar)

## (2) Full Name of Child

Curt Brown

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

(3) BOY OR GIRL

Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

Yes

(7) DATE

Jan 9 1922

(8) FULL NAME

Nathaniel Brown

(14) NAME BEFORE MARRIAGE

Maggie Hilland

(9) PRESENT POSTOFFICE OF FATHER

Harrisburg

(15) PRESENT POSTOFFICE OF MOTHER

Harrisburg

(10) COLOR OR RACE

W.

(11) AGE AT LAST BIRTHDAY

28

(16) COLOR OR RACE

W.

(17) AGE AT LAST BIRTHDAY

24

(12) BIRTHPLACE

N.C.

(18) BIRTHPLACE

N.C.

(13) OCCUPATION

Justice

(19) OCCUPATION

Domestic

(20) Number of children born to mother, including present birth

3

(21) Number of children of this mother now living, including present birth

13

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child who was born at 12:10 p.m. on the date above stated. (Born alive or stillborn) (Hour A. M. or P.)

(23) (Signature)

L. C. Hilland

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) FEB

Mar 5 1922

(28)

Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make the 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.