

## (1) PLACE OF BIRTH

County of KershawTownship of PalmettoInc. Town of —City of —

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. 41150 — For State Register Only

41150

Registration District No. 2224 Registered No. ....

(For use of Local Registrar)

(No. .... St. .... Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Jimmie Brown (If child is not yet named, make supplemental report as directed)

(3) SEX OR CHILD <u>Boy</u>	(4) Type or Order of Birth <u>To be entered only in case of Twin or Triplet</u>	(5) Number in order of birth <u>1</u>	(6) Age in years <u>1</u>	(7) DATE OF BIRTH <u>Dec 12, 1922</u> (Name of Month) (Day) (Year)
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FATHER		MOTHER	
(8) FULL NAME <u>Boyzie Brown</u>	(14) NAME BEFORE MARRIAGE <u>Lena Johnson</u>	(9) PRESENT RESIDENCE OF FATHER <u>Lauff S.C.</u>	(15) PRESENT RESIDENCE OF MOTHER <u>Lauff S.C.</u>
(10) COLOR OR RACE <u>Colored</u>	(16) AGE AT LAST BIRTHDAY <u>21</u> (Year)	(10) COLOR OR RACE <u>Colored</u>	(16) AGE AT LAST BIRTHDAY <u>21</u> (Year)
(12) BIRTHPLACE <u>S.C.</u>	(18) OCCUPATION <u>Farmer</u>	(12) BIRTHPLACE <u>S.C.</u>	(18) OCCUPATION <u>Home work</u>
(14) NUMBER OF CHILDREN BORN TO MOTHER, INCLUDING PRESENT BIRTH <u>1</u>	(16) NUMBER OF CHILDREN OF THIS MOTHER NOW LIVING, INCLUDING PRESENT BIRTH <u>1</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) <u>Nettie Tanton</u>	(24) State whether Physician or Midwife <u>Midwife</u>	(25) Address of Physician or Midwife <u>Lauff S.C.</u>
(26) Witness <u>W.D. Briggs</u>	(27) Signature of Witness <u>W.D. Briggs</u>	(28) Address of Witness <u>Lauff S.C.</u>

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 necessary before the fifth month of pregnancy.

WRITE PLAINLY. USE SEPARATE BLANK FOR EACH CHILD. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD. IN CASE OF FIRST-BORN, No. 1. THE OTHER, No. 2, etc. IN QUESTION 1, MOTHER OF COLUMBIA, COLUMBIA, S. C.