

## (1) PLACE OF BIRTH

County of BeaufortTownship of Beaufortor Inc. Town of BeaufortCity of Beaufort

## CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

10066

Registration District No. 6ARegistered No. 22  
(For use of Local Registrar)(No.        St.        Ward)(2) Full Name of Child Van Brown  
(If child is not yet named, make supplemental report as directed)(3) BOY OR GIRL Boy (4) Twin or Triplet? no (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Apr 29 1922  
(Name of Month) (Day) (Year)(8) FATHER'S FULL NAME James Brown (14) NAME BEFORE MARRIAGE Corrie Cook(9) PRESENT POSTOFFICE OF FATHER Beaufort S.C. (15) PRESENT POSTOFFICE OF MOTHER Beaufort S.C.(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 21 (12) COLOR OR RACE W (13) AGE AT LAST BIRTHDAY 18  
(Year) (Year)(16) BIRTHPLACE Hampton Co. S.C. (17) BIRTHPLACE Hampton Co. S.C.(18) OCCUPATION carpenter (19) OCCUPATION Housewife(20) Number of children born to mother, including present birth 1 (21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn (Born alive or stillborn) (Hour 5 P.M. or P.M.) on the date above stated.(23) (Signature) Paul S. Rutledge (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Beaufort S.C.

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

(27) Filed May 10 1922 (28) 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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