

## (1) PLACE OF BIRTH

County of Marion  
 Township of 15  
 or  
 Inc. Town of Marion  
 or  
 City of 15

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No. — For State Registrar Only  
**18532**

Registration District No. 15 Registered No. 27  
 (For use of Local Registrar)

St.; ..... Ward)  
 (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 Magpie Brown If child is not yet named, make supplemental report as directed

3 BOY OR GIRL? A

4 Twin or Triplet?

5 Number in order of birth 6

6 Are Parents Married? Y

7 DATE OF BIRTH June 18 1922  
 (Day) (Month) (Year)

## FATHER.

8 FULL NAME W. L. Brown

9 PRESENT POSTOFFICE OF FATHER Triffin

10 COLOR OR RACE W

11 BIRTHPLACE W

12 OCCUPATION W

(11) AGE AT LAST BIRTHDAY 49  
 (Years)

13 Number of children born to mother, including present birth 6

(14) NAME BEFORE MARRIAGE Hattie

(15) PRESENT POSTOFFICE OF MOTHER Triffin

(16) COLOR OR RACE W

(17) BIRTHPLACE W

(18) OCCUPATION W

(19) Number of children of this mother now living, including present birth 6

(17) AGE AT LAST BIRTHDAY 28  
 (Years)

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(20) I hereby certify that I attended the birth of this child, who was... on the date above stated.

(23) (Signature) Magpie Brown

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Triffin

(Given name added from a supplemental report)

(26) Witness

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

(27) Filed 9 June 1922 (28) C. L. Peck 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.