

## (1) PLACE OF BIRTH

County of Granville

Township of .....

Inc. Town of .....

City of Granville

(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

3973

## 2) Full Name of Child

Jane Douglas Brown(3) SEX Female(4) Type of Birth Normal(5) Number in order of birth 22A(6) Are Parents Married? Yes(7) DATE OF BIRTH Feb. 23-28

(8) Name of Month (Day) (Year)

(9) FULL NAME Not known

(10) PRESENT POSTOFFICE OF FATHER

(11) COLOR OR RACE

(12) BIRTHPLACE

(13) OCCUPATION

(14) AGE AT LAST BIRTHDAY (Years)

(15) NAME BEFORE MARRIAGE Miss Brown(16) PRESENT POSTOFFICE OF MOTHER Granville City(17) COLOR OR RACE Col.(18) BIRTHPLACE Anderson Co.(19) OCCUPATION House Keeper(20) Number of children born to mother, including present birth (1)(21) Number of children of this mother now living, including present birth (1)(22) I hereby certify that I attended the birth of this child, who was born from above 12:30 P.M. on the date above stated.(23) (Signature) L. M. Johnson

(24) State with the Physician or Midwife

(25) Address of Physician or Midwife

(26) Given name added from a report

(27) (Signature of Witness necessary only when question 25 is signed by mother)

(28) (Signature of Registrar)

(29) When there was no other child born, etc., should make this return. If a child has been born, etc., should make this return before the