

(1) PLACE OF BIRTH Greenfield
County of Greenville
Township of Pinckney
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
21166

Registration District No. 27.42 Registered No.
(For use of Local Registrar)
St.; Ward
City of
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(1) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>July 18 23</u> (Name of Month) (Day) (Year)
FATHER.		MOTHER		
(8) FULL NAME <u>Lu Roy Brown</u>		(14) NAME BEFORE MARRIAGE <u>Rogine Byars</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Pinckney S.C.</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Pinckney S.C.</u>		
(10) COLOR OR RACE <u>W</u>		(11) AGE AT LAST BIRTHDAY <u>23</u> (Years)		(16) COLOR OR RACE <u>W</u>
(12) BIRTHPLACE <u>Greenfield Co</u>		(17) AGE AT LAST BIRTHDAY <u>19</u> (Years)		
(13) OCCUPATION <u>Farmer</u>		(18) BIRTHPLACE <u>S.C.</u>		
(19) OCCUPATION <u>Domestic</u>		(20) BIRTHPLACE <u>S.C.</u>		
(21) Number of children born to mother, including present birth <u>Two</u>		(22) Number of children of this mother now living, including present birth <u>Two</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was born alive at 9:30 A.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(24) State whether Physician or Midwife
Physician
(25) Address of Physician or Midwife
Greenfield S.C.

Even name added from a supplemental report

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

(27) Filed (28)
Registrar 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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