MARGIN RESERVED FOR BINDING.
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only: 35157

(1) PLACE OF BIRTH

County of Vancouver
Township of Hills Creek
or
Inc. Town of .....
or
City of ..... (No. ..... St.; ..... Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 2804 Registered No. 193 (For use of Local Registrar)

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

(3) BOY OR ~~GIRL~~ Boy | (4) Twin or Triplet? X | (5) Number in order of birth X (To be answered only in event of Twins or Triplets) | (6) Are Parents Married? Yes | (7) DATE OF BIRTH Oct 13 (Name of Month) (Day) 1922 (Year)

FATHER		MOTHER	
(8) FULL NAME	H Brown Sister	(14) NAME BEFORE MARRIAGE	Lelia Harper
(9) PRESENT POSTOFFICE OF FATHER	Vancouver Ac	(15) PRESENT POSTOFFICE OF MOTHER	Vancouver Ac
(10) COLOR OR RACE	White	(16) COLOR OR RACE	White
(11) AGE AT LAST BIRTHDAY (Years)	33	(17) AGE AT LAST BIRTHDAY (Years)	29
(12) BIRTHPLACE	Vancouver Co A C	(18) BIRTHPLACE	Vancouver Co AC
(13) OCCUPATION	Merchant	(19) OCCUPATION	Domestic
(20) Number of children born to mother, including present birth	4	(21) Number of children of this mother now living, including present birth	4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 2 A.M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) [signature]
(24) State whether Physician or Midwife: Mid
(25) Address of Physician or Midwife: Vancouver Ac

Given name added from a supplemental report .....
..... 19 .... Registrar

(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Oct 21 1922 (28) [signature] 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.

Registrar | Local Registrar.
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McCaw Co. Columbia, S. C.