

## (1) PLACE OF BIRTH

County of Saluda....Township of 3.....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 HealthNo. 44223Registration District No. 3902 Registered No. 41  
(For use of Local Registrar)(2) Full Name of Child Carry Louise Brown If child is not yet named, make supplemental report as directed(3) BOY OR GIRL girl (4) Twin or Triplet To be answered only in event of Twin or Triplet (5) Age 3 1/2 (6) DATE OF BIRTH Feb 12 1913  
(Name of Month) (Day) (Year)

## FATHER.

(7) FULL NAME Tom Brown(8) PRESENT POST OFFICE OF FATHER Saluda(9) COLOR OR RACE negro (10) AGE AT LAST BIRTHDAY 31  
(Year)(11) BIRTHPLACE S.C.(12) OCCUPATION Farmer(13) Number of children born to mother, including present birth 3

## MOTHER.

(14) NAME BEFORE MARRIAGE Clara Brown(15) PRESENT POST OFFICE OF MOTHER Saluda S.C.(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 34  
(Year)(18) BIRTHPLACE S.C.(19) OCCUPATION Cook(20) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was... alive... at 4 P.M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Allen Robinson  
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Saluda S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Jan 15 1913 (28) Ma. J. Clark

\*When there was no attending physician or midwife, then the father, householder, etc. should make report. If a child breathes even once, it must not be reported as stillborn. No report is needed at all before the fifth month of pregnancy.