

In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. FILE OFFICE No. 2. etc. in question 5.

(1) PLACE OF BIRTH
County of Cherokee
Township of Leicester
or
Inc. Town of

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

File No.—For State Registrar Only
10499

Registration District No. 1106 Registered No. 41
(For use of Local Registrar)

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 25 22
To be answered only in event of Twins or Triplets

FATHER.
(8) FULL NAME Doct. Susan
(9) PRESENT POSTOFFICE OF FATHER
(10) COLOR OR RACE (11) AGE AT LAST BIRTHDAY (Year)
(12) BIRTHPLACE
(13) OCCUPATION
(20) Number of children born to mother, including present birth 3

MOTHER.
(14) NAME BEFORE MARRIAGE Marta Brown
(15) PRESENT POSTOFFICE OF MOTHER Lewis Turnout S.C.
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY (Year) 37
(18) BIRTHPLACE Sc.
(19) OCCUPATION Housewife
(21) 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 8:30 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature]
(24) State Cherokee Physician or Midwife (25) Address of Physician or Midwife Rodman St.

Given name added from a supplemental report

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

(27) Filed 4-24 19 22 (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.

REG. OF COLONIAL GOVERN. S. C.