

MARGO REARER, MD, FOR BINDING.  
 MARK PLAINLY WITH READING INK—THIS IS PERMANENT RECORD.  
 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.

(1) PLACE OF BIRTH  
 County of Clarendon  
 Township of Concord  
 or  
 Inc. Town of.....  
 City of..... (No. .... St.; ..... Ward)  
 (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  
**3735**

Registration District No. 302 Registered No. 9  
 (For use of Local Registrar)

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married <u>Yes</u>
To be answered only in event of Twins or Triplets			(7) DATE OF BIRTH <u>Feb 27 22</u> (Name of Month) (Day) (Year)
(8) FULL NAME <u>William Brown</u> FATHER.		(14) NAME BEFORE MARRIAGE <u>Sarah Brown</u> MOTHER.	
(9) PRESENT POSTOFFICE OF FATHER <u>Sumner</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Sumner</u>	
(10) COLOR OR RACE <u>Wm</u>	(11) AGE AT LAST BIRTHDAY <u>30</u> (Years)	(16) COLOR OR RACE <u>Wm</u>	(17) AGE AT LAST BIRTHDAY <u>25</u> (Years)
(12) BIRTHPLACE <u>Sumner</u>		(18) BIRTHPLACE <u>Sumner</u>	
(13) OCCUPATION <u>Farming</u>		(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth <u>3</u>		(21) Number of children of this mother now living, including present birth <u>2</u>	

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was White ..... nt. 6 ..... M.,  
 on the date above stated. (Born alive or still born) (Hour A. M. or P. M.)

(23) (Signature) Willie Brown  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Sumner

Given name added from a supplemental report  
 (20) Witness W. A. Brown  
 (Signature of Witness necessary only when question 23 is signed by mother)

(27) Filed Feb 28 22 (28) F. C. Richardson  
 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 stillbirth before the fifth month of pregnancy.

MEDICAL COLLEGE OF SOUTH CAROLINA, S. C.