

THIS IS A PERMANENT RECORD. IN CASE OF TWIN OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1. THE OTHER, No. 2, etc. In question 6, mark the sex of the child.

(1) PLACE OF BIRTH
County of Albemarle
Township of 11
Inc. Town of
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 J. E. Brown
If child is not yet named, make supplemental report as directed

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

No. 30817

Registration District No. 76 Registered No. 111
(For use of Local Registrar)

(a) SEX OF CHILD <u>Boy</u>	(b) Type of Report <u>To be reported only in event of Twin or Triplet</u>	(c) Number in order of birth <u>1</u>	(d) Sex of Mother <u>Female</u>	(e) DATE OF BIRTH <u>Oct 22</u> M. <u>4</u> P. <u>3</u> (Name of Month) (Day) (Year)
(6) FATHER'S NAME <u>Tom Brown</u>			(7) MOTHER'S NAME <u>Orrie Houser</u>	
(8) PRESENT RESIDENCE OF FATHER <u>Albemarle R.I.D.</u>			(9) PRESENT RESIDENCE OF MOTHER <u>Albemarle R.I.D.</u>	
(10) COLOR OR RACE <u>negro</u>	(11) AGE AT LAST BIRTHDAY <u>27</u> (Years)	(12) COLOR OR RACE <u>negro</u>	(13) AGE AT LAST BIRTHDAY <u>26</u> (Years)	(14) BIRTHPLACE <u>SC</u>
(15) BIRTHPLACE <u>SC</u>	(16) OCCUPATION <u>Farm Labor</u>	(17) BIRTHPLACE <u>SC</u>	(18) OCCUPATION <u>Farm Labor</u>	(19) Number of children of this mother now living, including present birth <u>6</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
(20) I hereby certify that I attended the birth of this child, who was alive (at birth or stillborn) (Hour A. M. or P. M.) 5 P.
on the date above stated.
(21) (Signature) Rene G. Gant
(22) State whether Physician or Midwife Midwife
(23) Address of Physician or Midwife Albemarle R.I.D.
(24) Witness Orrie Houser
(Signature of Witness necessary only when question 20 is signed by mark)
(25) Signed R. H. Boyd 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.