

## (1) PLACE OF BIRTH

County of Anderson  
 Township of Rockmills  
 or  
 Inc. Town of .....  
 or  
 City of .....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

13654

Registration District No. 312 Registered No. 11  
 (For use of Local Registrar)

(No. .... St.: .... Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Viola Brown

If child is not yet named, make supplemental report as directed

(3) SEX girl (4) Twin or Triplet? no (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH May 26, 1912  
 (Name of Month) (Day) (Year)

## FATHER.

## MOTHER.

(8) FULL NAME Byron Brown

(14) NAME BEFORE MARRIAGE Alice Satner

(9) PRESENT POSTOFFICE OF FATHER Anderson

(15) PRESENT POSTOFFICE OF MOTHER Anderson

(10) COLOR OR RACE color (11) AGE AT LAST BIRTHDAY 36  
 (Years)

(16) COLOR OR RACE color (17) AGE AT LAST BIRTHDAY 32  
 (Years)

(12) BIRTHPLACE Anderson county

(18) BIRTHPLACE Anderson co.

(13) OCCUPATION farming

(19) OCCUPATION farming

(20) Number of children born to mother, including present birth 2

(21) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive at 5 M.,  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Gertrude Harris  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

19  
 Registrar

(27) Filed June 10, 1912 (28) J. H. Wright 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.