

MARGIN RESERVE FOR BINDING.  
 WHITE PLAINITY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 N. B.—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		<b>CERTIFICATE OF BIRTH</b> STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		File No.—For State Registrar Only <b>29062</b>	
County of <i>Berkley</i> Township of <i>St. James</i> 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.)				Registration District No. <i>201</i> ..... Registered No. <i>53</i> ..... (For use of Local Registrar) (No. <i>Home</i> ..... St.; ..... Ward)	
(2) Full Name of Child <i>Emma Brown</i> { If child is not yet named, make supplemental report as directed					
(3) BOY OR GIRL? <i>girl</i>	(4) Twin or Triplet? <i>no</i>	(5) Number in order of birth <i>3</i>	(6) Are Parents Married? <i>yes</i>	(7) DATE OF BIRTH <i>Sept. 25, 1922</i> (Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <i>Don't no</i>			(14) NAME BEFORE MARRIAGE <i>Emma Brown</i>		
(9) PRESENT POSTOFFICE OF FATHER <i>mt Holly</i>			(15) PRESENT POSTOFFICE OF MOTHER <i>mt Holly</i>		
(10) COLOR OR RACE <i>Colored</i>		(11) AGE AT LAST BIRTHDAY <i>1921</i> (Years)	(16) COLOR OR RACE <i>Colored</i>		(17) AGE AT LAST BIRTHDAY <i>1922</i> (Years)
(12) BIRTHPLACE <i>mt Holly</i>			(18) BIRTHPLACE		
(13) OCCUPATION			(19) OCCUPATION		
(20) Number of children born to mother, including present birth			(21) Number of children of this mother now living, including present birth		

### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) *Carrie*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

*midwife*

*mt. Holly S.C.*

Given name added from a supplemental report

(26) Witness

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

*Carrie*

(27) Filed

*Sept. 20, 1922*

(28)

*P. G. Warran*

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.

*all So Sure at last one still Born Sept 25 - 1922*