Form No. 1

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
346

(1) PLACE OF BIRTH

County of Beaufort

Township of Pellar

or

Inc. Town of .....

or

City of .....

Registration District No. 6038 Registered No. 3
(For use of Local Registrar)

St. ..... Ward)
(No. ..... give name of same instead of street and number.)

(If birth occurs in a hospital or other institution

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

(2) Full Name of Child Anna Brown

(3) BOY OR GIRL: Girl

(4) Twin or Triplet? To be answered only in event of Twins or Triplets

(5) Number in order of birth: 3

(6) Are Parents Married? Yes

(7) DATE OF BIRTH (Name of Month) Jan. (Day) 1 1922 (Year)

FATHER.

(8) FULL NAME: Thomas Brown

(9) PRESENT POSTOFFICE OF FATHER: Yemassee

(10) COLOR OR RACE: Negro

(11) AGE AT LAST BIRTHDAY: 30 (Years)

(12) BIRTHPLACE: Big Gate Beaufort Co

(13) OCCUPATION: Farmer

(20) Number of children born to mother, including present birth: 3

MOTHER.

(14) NAME BEFORE MARRIAGE: Ellen Fortune

(15) PRESENT POSTOFFICE OF MOTHER: Yemassee

(16) COLOR OR RACE: Negro

(17) AGE AT LAST BIRTHDAY: 25 (Years)

(18) BIRTHPLACE: Beaufort Co

(19) OCCUPATION: Home Keeper

(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 born alive at 5 A. M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Marian Howard

(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 22 is signed by mark)

..... 19 .....
Registrar

(27) Filed ..... 19 .....

(28) ..... 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.

MEDICAL REGISTRATION LAW, SECTION 5, PAGE 10, ACTS OF 1915, No. 7, ETC. In question No. 2, etc., in question No. 22, etc., WHITE PLAINS, WRITE UNKNOWN; IN CASE OF TWINS OR TRIPLETS, GIVE NAMES AND DATES OF BIRTH IN ORDER OF BIRTH. MAKE CERTIFICATE OF EACH CHILD. N. B.—In case of TWINS OR TRIPLETS, GIVE NAMES AND DATES OF BIRTH IN ORDER OF BIRTH. MAKE CERTIFICATE OF EACH CHILD.

Bureau of Columbia, Columbia, S. C.