

(1) PLACE OF BIRTH

County of PiedmontTownship of PiedmontInc. Town of PiedmontCity of Piedmont(No. 313 St. 12 Ward)

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

(2) Full Name of Child Emma Brown If child is not yet named, make supplemental report as directed(3) SEX OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb 27 1922

To be answered only in event of Twins or Triplets

(8) FATHER. (9) MOTHER.

(10) FULL NAME Jim Brown (11) NAME BEFORE MARRIAGE Bertha Hice(12) PRESENT POSTOFFICE OF FATHER Piedmont R.F.D. (13) PRESENT POSTOFFICE OF MOTHER Piedmont R.F.D.(14) COLOR OR RACE Negor (15) AGE AT LAST BIRTHDAY 40 (16) COLOR OR RACE Negor (17) AGE AT LAST BIRTHDAY 35(18) BIRTHPLACE S.C. (19) BIRTHPLACE S.C.(20) OCCUPATION Farmer (21) OCCUPATION Domestic(22) Number of children born to mother, including present birth 5 (23) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(24) I hereby certify that I attended the birth of this child, who was born alive or stillborn at 3:30 P.M. on the date above stated. (Hour A.M. or P.M.)(25) (Signature) [Signature] (26) State South Carolina (27) Address of Physician or Midwife Piedmont R.F.D.(28) Given name added from a supplemental report [Blank](29) (Signature) [Signature] (30) Address of Physician or Midwife Piedmont R.F.D.(31) (Signature) [Signature] (32) Address of Physician or Midwife Piedmont R.F.D.(33) (Signature) [Signature] (34) Address of Physician or Midwife Piedmont R.F.D.(35) (Signature) [Signature] (36) Address of Physician or Midwife Piedmont R.F.D.(37) (Signature) [Signature] (38) Address of Physician or Midwife Piedmont R.F.D.(39) (Signature) [Signature] (40) Address of Physician or Midwife Piedmont R.F.D.(41) (Signature) [Signature] (42) Address of Physician or Midwife Piedmont R.F.D.(43) (Signature) [Signature] (44) Address of Physician or Midwife Piedmont R.F.D.(45) (Signature) [Signature] (46) Address of Physician or Midwife Piedmont R.F.D.(47) (Signature) [Signature] (48) Address of Physician or Midwife Piedmont R.F.D.(49) (Signature) [Signature] (50) Address of Physician or Midwife Piedmont R.F.D.(51) (Signature) [Signature] (52) Address of Physician or Midwife Piedmont R.F.D.(53) (Signature) [Signature] (54) Address of Physician or Midwife Piedmont R.F.D.(55) (Signature) [Signature] (56) Address of Physician or Midwife Piedmont R.F.D.(57) (Signature) [Signature] (58) Address of Physician or Midwife Piedmont R.F.D.(59) (Signature) [Signature] (60) Address of Physician or Midwife Piedmont R.F.D.(61) (Signature) [Signature] (62) Address of Physician or Midwife Piedmont R.F.D.(63) (Signature) [Signature] (64) Address of Physician or Midwife Piedmont R.F.D.