

(1) PLACE OF BIRTH

County of *Shartland*

Township of

or
Inc. Town of

City of *Shartland*

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. *40-0*

File No. - for State Registrar Only
36375

Registered No. *480*

(For use of Local Registrar)

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

(2) Full Name of Child

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

(3) SEX *Male* (4) Twin or Triplet (5) Number in order of birth (6) Are Parents Married *Yes* (7) DATE OF BIRTH *10-1-22*
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME *Ernest W. Brown*
(9) PRESENT POSTOFFICE OF FATHER *Shartland*
(10) COLOR OR RACE *Black* (11) AGE AT LAST BIRTHDAY *25* (Years)
(12) BIRTHPLACE *182 Cemetery St*
(13) OCCUPATION *Driver*

MOTHER

(14) NAME BEFORE MARRIAGE *Ethelene Smith*
(15) PRESENT POSTOFFICE OF MOTHER *Rock Hill*
(16) COLOR OR RACE *Black* (17) AGE AT LAST BIRTHDAY *24* (Years)
(18) BIRTHPLACE *182 Cemetery St*
(19) OCCUPATION

(20) Number of children born to mother, including present birth *1*
(21) Number of children of this mother now living, including present birth *1*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness *Annies Bell Williams*
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed *11-1-22* (28) *Joe Cooper*