

(1) PLACE OF BIRTH

County of W. B. W.Township of Johnson

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.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

83840

Registration District No. 4304 Registered No. 124

(For use of Local Registrar)

(2) Full Name of Child Herbert Brown

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

(3) BOY OR GIRL? <u>Bo</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Oct 11</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(8) FULL NAME Herbert Brown(9) PRESENT POSTOFFICE OF FATHER Highway 11(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 28
(Years)(12) BIRTHPLACE SC(13) OCCUPATION Farm(20) Number of children born to mother, including present birth 7

MOTHER.

(14) NAME BEFORE MARRIAGE Kissie Washington(15) PRESENT POSTOFFICE OF MOTHER Highway 11(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 35
(Years)(18) BIRTHPLACE SC(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 51

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 3 P. M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Martha E. Allen

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Highway 11

Given name added from a supplemental report

(26) Witness L. L. G. Allen
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Oct 11 1911 (28) L. L. G. Allen
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.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

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.

McGraw, of Columbia.