

(1) PLACE OF BIRTH
 County of W. York
 Township of Johnson
 or
 Inc. Town of ..
 or
 City of ..

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

(2) Full Name of Child Philip Brown { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Bo (4) Twin or Triplet? (5) Number in order of birth 1
To be answered only in event of Twins or Triplets (6) Are Parents Married? Y (7) DATE OF BIRTH Oct 21 1911
(Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Herbert Brown
 (9) PRESENT POSTOFFICE OF FATHER Henryway St
 (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 Henryway St
 (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 5

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) M. Martha E. Allen
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Henryway St

Given name added from a supplemental report
 _____, 191____

 Registrar

(26) Witness L. H. Cook
(Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Oct 21 1911 (28) L. H. Cook
 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 BENDING.
 WRITE FULLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 IN CASE OF TWIN OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD AND MARK THE FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
 McCraw, of Columbia.