

K O D

MARGIN RESERVED FOR INDEXING.
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 8.
Bureau of Statistics, Columbia, S. C.

(1) PLACE OF BIRTH

County of Darlington
Township of Blackville
or
Inc. Town of.....
or
City of.....

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

No. 34765

Registration District No. 51.4. Registered No. 104.
(For use of 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 Anne Brown

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

(3) SEX OR CHILD Girl (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH Nov. 2, 1923
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME David Brown
(9) PRESENT RESIDENCE OF FATHER Blackville
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 35
(12) BIRTHPLACE S. C.
(13) OCCUPATION Farmer
(14) Number of children born to mother, including present birth 1

MOTHER.
(15) NAME BEFORE MARRIAGE Anne Bell Ryan
(16) PRESENT RESIDENCE OF MOTHER Blackville
(17) COLOR OR RACE Negro (18) AGE AT LAST BIRTHDAY 35
(19) BIRTHPLACE S. C.
(20) OCCUPATION S. C.
(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 Alive at 3 P. M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Emilia B. ...
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife ...

Given name added from a supplemental report
.....
.....
.....
19... Registrar

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Dec. 10-23 (28) U. S. H. S. ...

*When there was no attending physician or midwife, then the father, householder, etc., must report as stillborn. No report is desired of a child if a child breathes even once, it must not be reported as stillborn. No report is desired of a child before the 8th month of pregnancy.