CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
4279

(1) PLACE OF BIRTH

County of Greenville

Township of .....

or

Inc. Town of .....

or

City of Greenville (No. 401 Choice St.; ..... Ward)

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

Registration District No. 22A Registered No. 83 (For use of Local Registrar)

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

(3) BOY OR GIRL? F

(4) Twin or Triplet? (5) Number in order of birth — To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Feb 21 1922 (Name of Month) (Day) (Year)

FATHER.	MOTHER.
(8) FULL NAME Chas. Robt. Brown	(14) NAME BEFORE MARRIAGE Rosie Lorie Curry
(9) PRESENT POSTOFFICE OF FATHER Greenville S.C.	(15) PRESENT POSTOFFICE OF MOTHER Greenville S.C.
(10) COLOR OR RACE W. (11) AGE AT LAST BIRTHDAY 35 (Years)	(16) COLOR OR RACE W. (17) AGE AT LAST BIRTHDAY 20 (Years)
(12) BIRTHPLACE Greenville Co. S.C.	(18) BIRTHPLACE Greenville Co. S.C.
(13) OCCUPATION Auto mechanic	(19) OCCUPATION House work
(20) Number of children born to mother, including present birth 3	(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child who was Alive at 9 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) M. M. Greenville

(24) State whether Physician or 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 Feb 22 1922 (28) C. E. Smith
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.

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

McCAW OF COLUMBIA, COLUMBIA, S. C.