

(1) PLACE OF BIRTH

County of HamptonTownship of Leaves

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

27145

Registration District No. 2705Registered No. 64
(For use of Local Registrar)

(No. St.; Ward)

(2) Full Name of Child Lillie Kathleen Brown

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

1. BOY OR GIRL? girl

4. Twin or Triplet?

5. Number in order of birth -(6) Are Parents Married? Yes

(7) DATE OF BIRTH

June 2, 1922
(Name of Month) (Day) (Year)

FATHER.

8. FULL NAME

Hamilton Berry Brown

9. PRESENT POSTOFFICE OF FATHER

Mullins, S.C.

10. COLOR OR RACE

W

(11) AGE AT LAST BIRTHDAY

21
(Years)

12. BIRTHPLACE

Marion County S.C.

13. OCCUPATION

Farmer
House-work

20. Number of children born to mother, including present birth

12

MOTHER.

(14) NAME BEFORE MARRIAGE

Daisy Collins

(15) PRESENT POSTOFFICE OF MOTHER

Mullins S.C.

(16) COLOR OR RACE

W

(17) AGE AT LAST BIRTHDAY

21
(Years)

(18) BIRTHPLACE

Marion County S.C.

(19) OCCUPATION

House work

(21) Number of children of this mother now living, including present birth

12

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was... Born alive ...at... 8 P.M. ...
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

PhysicianMullins S.C.

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed

1922

(28)

Local Registrar.19
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.19
Registrar

Local Registrar.

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