

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 1.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No. for Local Registrar Only	
County of <u>A. B. Hamilton</u>		STATE OF SOUTH CAROLINA		9001	
Township of <u>Roseville</u>		Bureau of Vital Statistics			
or Inc. Town of.....		State Board of Health			
City of.....		Registration District No. <u>109</u>		Registered No. <u>34</u>	
(No. .... St. .... Ward)		(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 <u>Rosa Lee Brown</u>		If child is not yet named, make supplemental report as directed			
(3) SEX OF CHILD <u>Girl</u>	(4) Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <u>yes</u>	(7) DATE OF BIRTH <u>April 2, 1923</u>	
(To be answered only in case of Twin or Triplet)					
FATHER.			MOTHER.		
(8) FULL NAME <u>William Brown</u>			(9) NAME BEFORE MARRIAGE <u>Opie Hamilton</u>		
(10) PRESENT RESIDENCE OF FATHER <u>Balltown Falls Route</u>			(11) PRESENT RESIDENCE OF MOTHER <u>Balltown Falls Route</u>		
(12) COLOR OR RACE <u>Irish</u>	(13) AGE AT LAST BIRTHDAY <u>30</u>	(14) COLOR OR RACE <u>Irish</u>	(15) AGE AT LAST BIRTHDAY <u>20</u>		
(16) BIRTHPLACE <u>St. Louis</u>		(17) BIRTHPLACE <u>St. Louis</u>			
(18) OCCUPATION <u>Farmer</u>		(19) OCCUPATION <u>Domestic</u>			
(20) Number of children born to mother, including present birth <u>3</u>			(21) Number of children of this mother now living, including present birth <u>3</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.					
(22) I hereby certify that I attended the birth of this child, who was <u>alive</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Anna Gray</u>					
(24) State whether Physician or Midwife <u>Midwife</u>					
(25) Address of Physician or Midwife <u>Balltown Falls Route</u>					
Given name added from a supplemental report			(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)		
			(27) Filed <u>April 10, 1923</u> (28) <u>Local Registrar</u>		

\*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.