

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.

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

File No. 9001 Registrar Only

(1) PLACE OF BIRTH
 County of A. S. C. Hamilton Co.
 Township of Rose Hill
 or
 Inc. Town of.....
 or
 City of..... (No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 109 Registered No. 34
 (For use of Local Registrar)

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

(3) SEX OF CHILD <u>Girl</u>	(4) Twin or Triplet To be answered only in case of 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> (Month of Month) (Day) (Year)	

FATHER.		MOTHER.	
(8) FULL NAME <u>William Brown</u>	(14) NAME BEFORE MARRIAGE <u>Opie Hamilton</u>	(9) PRESENT RESIDENCE OF FATHER <u>Balltown Falls Route</u>	(15) PRESENT RESIDENCE OF MOTHER <u>Balltown Falls Route</u>
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>30</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>20</u> (Years)
(12) BIRTHPLACE <u>Sherrille Co.</u>	(13) OCCUPATION <u>Farmer</u>	(18) BIRTHPLACE <u>Sherrille Co.</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... alive... at 8... A. M.... on the date above stated.
 (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Anna Gray
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Balltown Falls Route

Given name added from a supplemental report

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

(27) Filed April 10, 1923 (28) J. H. Cannon
 Registrar 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.

Form of Columbia, Columbia, S. C.