

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

79440

Registration District No.

Registered No.

(For use of Local Registrar)

St.; Ward)

(No.

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

(2) Full Name of Child

Leahlah May Brown

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

(3) BOY OR GIRL?

girl

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

James Brown

(9) PRESENT POSTOFFICE OF FATHER

Widgfield

(10) COLOR OR RACE

Col

(11) AGE AT LAST BIRTHDAY

36

(12) BIRTHPLACE

SC

(13) OCCUPATION

Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE

Elizabeth Sanders

(15) PRESENT POSTOFFICE OF MOTHER

Widgfield SC

(16) COLOR OR RACE

Col

(17) AGE AT LAST BIRTHDAY

30

(18) BIRTHPLACE

SC

(19) OCCUPATION

Domestic

(20) Number of children born to mother, including present birth

4

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

7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was

alive at 12:45 M.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

A. M. Paul

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Widgfield SC

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Sept 6

(28)

M. P. Paul

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.