

## (1) PLACE OF BIRTH

County of CalhounTownship of Ameliaor  
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

31934

Registration District No. 800 Registered No. 56

(For use of Local Registrar)

City of .....

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

(2) Full Name of Child J. James Brown

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

(1) BOY OR

(4) Type

(5) Number in

(6) Are

(7) DATE

BIRTH

(Name of Month) (Day) (Year)

## FATHER

(8) FULL

NAME

(9) PRESENT

POSTOFFICE

(10) COLOR

OR

(11) BIRTHPLACE

(12) OCCUPATION

(13) Number of children born to

mother, including present birth

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was 27 2P  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(24) (Signature) Mary J. Bryant(25) State whether Physician or Midwife (26) Address of Physician or Midwife

Given name added from a supplement-

tal report

(28) Witness

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

(29) Filed

1923 (30) C. V. Allen

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.\*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.