

## (1) PLACE OF BIRTH

County of YorkTownship of .....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

20582

Registration District No. 4-7 Registered No. 50

(For use of Local Registrar)

(2) Full Name of Child Robert E. Brown If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Boy (4) Twin or Triplet? ..... (5) Number in order of birth ..... (6) Are Parents Married? Yes (7) DATE OF BIRTH 20 July 1912

## FATHER.

(8) FULL NAME Robert E. Brown(9) PRESENT POSTOFFICE OF FATHER .....(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 33 (Years)(12) BIRTHPLACE York Co.(13) OCCUPATION White operator(20) Number of children born to mother, including present birth 4

## MOTHER.

(14) NAME BEFORE MARRIAGE Anna Ferguson(15) PRESENT POSTOFFICE OF MOTHER .....(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 23 (Years)(18) BIRTHPLACE York Co.(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born at 4:00 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Physician(24) State whether Physician or Midwife (25) Address of Physician or Midwife Physician

Given name added from a supplemental report

....., 191....

..... Registrar

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

(27) Filed July 3, 1912 (28) 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.

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