

(1) PLACE OF Corryman  
County of Hampton  
Township of Hampton  
or  
Inc. Town of New York  
or  
City of .....

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

File No.—For State Registrar Only  
**3763**

Registration District No. 1.3.12 Registered No. 4  
(For use of Local Registrar)

City of ..... (No. .... St.; ..... Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) BOY OR GIRL girl (4) Twin or Triplet? No (5) Number in order of birth 7 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 31 19 22  
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER  
(8) FULL NAME Robert Brown  
(9) PRESENT POSTOFFICE OF FATHER New Giron  
(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 28 (Year)  
(12) BIRTHPLACE New Giron  
(13) OCCUPATION Farmer  
(20) Number of children born to mother, including present birth 7

MOTHER  
(14) NAME BEFORE MARRIAGE Katie P. Fadden  
(15) PRESENT POSTOFFICE OF MOTHER New Giron  
(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 26 (Year)  
(18) BIRTHPLACE New Giron  
(19) OCCUPATION Farming  
(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 Born alive at 4 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Louisa Brown  
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife New Giron

Given name added from a supplemental report

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

(27) Filed Jan 31 19 22 (28) J. H. Brown Local Registrar

\*When there was no attending physician or midwife, then the father, householder, or 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.