

(1) PLACE OF Crosswaylan
 County of York
 Township of York
 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. 1.3.17 Registered No. 4
 (For use of Local Registrar)

(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? <u>girl</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>7</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Jan 31</u> 19 <u>22</u> (Name of Month) (Day) (Year)
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FATHER

(8) FULL NAME Robert Brown

(9) PRESENT POSTOFFICE OF FATHER New Groom

(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY..... 28 (Years)

(12) BIRTHPLACE New Groom

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 7

MOTHER

(14) NAME BEFORE MARRIAGE Kate E. Fadden

(15) PRESENT POSTOFFICE OF MOTHER New Groom

(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY..... 26 (Years)

(18) BIRTHPLACE New Groom

(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 Groom

Given name added from a supplemental report

 _____ 19 _____
 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
Jan 31 19 22 (27) Filled Jan 31 19 22 (28) J. H. [Signature] 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.

MARYLAND: WITH NEARBY STATES IN A NEAREST BIRTH...
 THE OFFICE OF THE REGISTRAR...
 COLUMBIA, S. C.