

## (1) PLACE OF BIRTH

County of

Township of

or  
Inc. Town of

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

(3) BOY OR  
GIRL(4) Twin  
or Triplet?(5) Number in  
order of birth

To be answered only in case of Twins or Triplets

(6) Are  
Parents  
Married?

(7) DATE

BIRTH

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL  
NAME(9) PRESENT  
POSTOFFICE  
OF FATHER(10) COLOR  
OR  
RACE(11) AGE AT LAST  
BIRTHDAY

(Years)

(12) BIRTHPLACE

(13) OCCUPATION

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

## MOTHER.

(14) NAME BEFORE  
MARRIAGE(15) PRESENT  
POSTOFFICE  
OF MOTHER(16) COLOR  
OR  
RACE(17) AGE AT LAST  
BIRTHDAY

(Years)

(18) BIRTHPLACE

(19) OCCUPATION

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

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was  
on the date above stated.

(23) (Signature)

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplement-  
tal report

191...

Registrar

(26) Witness

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

(27) Filed

191...

(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.

Fifth month of pregnancy

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

49045

County of Florence

Township of Effingham

or  
Inc. Town of

City of

Registration District No. 2004

Registered No. 5

(For use of Local Registrar)

(2) Full Name of Child Zollie 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

To be answered only in case of Twins or Triplets

(6) Are  
Parents  
Married?

(7) DATE

BIRTH Feb 9

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL  
NAME Zollie Brown(9) PRESENT  
POSTOFFICE  
OF FATHER Effingham SS(10) COLOR  
OR  
RACE Negro(11) AGE AT LAST  
BIRTHDAY 27

(Years)

(12) BIRTHPLACE Farmer

(13) OCCUPATION

(20) Number of children born to  
mother, including present birth 4

## MOTHER.

(14) NAME BEFORE  
MARRIAGE Lounth Cummings(15) PRESENT  
POSTOFFICE  
OF MOTHER(16) COLOR  
OR  
RACE Negro(17) AGE AT LAST  
BIRTHDAY 23

(Years)

(18) BIRTHPLACE

(19) OCCUPATION

(21) Number of children of this mother  
now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was  
on the date above stated.

(23) (Signature) John G. A.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplement-  
tal report

191...

Registrar

(26) Witness

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

(27) Filed Feb 15

191...

(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.

Fifth month of pregnancy