

(1) PLACE OF BIRTH

County of Harry
 Township of Bucks
 or
 Inc. Town of.....
 or
 City of.....

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

No. for State Registrar
43994

Registration District No. 7.12.1 Registered No. 13
 (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 Julia Brown If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD Girl (4) Type or Figure To be reported only in case of Twin or Triple (5) Is child married? No (6) DATE OF BIRTH Dec. 7, 1922
 (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(10) FULL NAME <u>Joe Brown</u>	(14) NAME BEFORE MARRIAGE <u>Mary Butler</u>	(10) FULL NAME <u>Joe Brown</u>	(14) NAME BEFORE MARRIAGE <u>Mary Butler</u>
(11) PRESENT RESIDENCE OF FATHER <u>Bucksport, S.C.</u>	(15) PRESENT RESIDENCE OF MOTHER <u>Bucksport</u>	(11) PRESENT RESIDENCE OF FATHER <u>Bucksport, S.C.</u>	(15) PRESENT RESIDENCE OF MOTHER <u>Bucksport</u>
(12) COLOR <u>Negro</u> (17) AGE AT LAST BIRTHDAY <u>41</u> (Year)	(16) COLOR <u>Negro</u> (17) AGE AT LAST BIRTHDAY <u>30</u> (Year)	(12) COLOR <u>Negro</u> (17) AGE AT LAST BIRTHDAY <u>41</u> (Year)	(16) COLOR <u>Negro</u> (17) AGE AT LAST BIRTHDAY <u>30</u> (Year)
(13) BIRTHPLACE <u>Harry Co</u>	(18) BIRTHPLACE <u>Harry Co</u>	(13) BIRTHPLACE <u>Harry Co</u>	(18) BIRTHPLACE <u>Harry Co</u>
(14) OCCUPATION <u>Labourer</u>	(19) OCCUPATION <u>Housewife</u>	(14) OCCUPATION <u>Labourer</u>	(19) OCCUPATION <u>Housewife</u>
(20) Number of children born to mother, including present birth <u>5</u>	(21) Number of children of this mother now living, including present birth <u>5</u>	(20) Number of children born to mother, including present birth <u>5</u>	(21) Number of children of this mother now living, including present birth <u>5</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 4:50 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Cornelia M. Hall (24) State whether Physician or Midwife (25) Address of Physician or Midwife Bucksport, S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by marks)

(27) Filed Dec 11, 1922 by Dr. L. J. ... (28) ...

When there was no attending physician or midwife, then the father, householder, etc., should make this report. If a child breathes even once, it must not be reported as stillborn. No report is needed if child is born before the fifth month of pregnancy.