

(1) PLACE OF BIRTH

County of Anderson  
 Township of Bolton  
 or  
 City of Bolton  
 (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

Registration District No. 300

No. 12.—For State Registrar Only

12781

Registered No. 72  
 (For use of Local Registrar)

(2) Full Name of Child Mathis Bell Browning

If child is not yet named, make supplemental report as directed

(3) SEX OR  
 ONLY Girl

(4) Twin  
 or Triplet? —  
 To be answered only in event of Twins or Triplets

(5) Number in  
 order of birth 2nd

(6) Are  
 Parents  
 Married? yes

(7) DATE OF  
 BIRTH 11-29-28 10-23  
 (Name of Month) (Day) (Year)

**FATHER.**

(8) FULL  
 NAME Mathis Bell Browning

(9) PRESENT  
 POSTOFFICE  
 OF FATHER Bolton, S.C. # 4

(10) COLOR  
 OR  
 RACE White (11) AGE AT LAST  
 BIRTHDAY 24  
 (Years)

(12) BIRTHPLACE  
Greenville Co., S.C.

(13) OCCUPATION  
Seamstress

(14) Number of children born to  
 mother, including present birth 1st

**MOTHER.**

(14) NAME BEFORE  
 MARRIAGE Mrs. Bell Browning

(15) PRESENT  
 POSTOFFICE  
 OF MOTHER Bolton, S.C. # 4

(16) COLOR  
 OR  
 RACE White (17) AGE AT LAST  
 BIRTHDAY 19  
 (Years)

(18) BIRTHPLACE  
Anderson Co., S.C.

(19) OCCUPATION  
House wife

(20) Number of children of this mother  
 now living, including present birth 1st

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(21) I hereby certify that I attended the birth of this child, who was born alive at 7 A. M.,  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature) Dr. J. B. Brown  
 (23) State whether Physician or Midwife Physician (24) Address of Physician or Midwife Bolton, S.C.

Given name added from a supplement-  
 al report

(25) Witness John J. Brown  
 (Signature of Witness necessary only  
 when question 23 is signed by mark)

(26) Filed Nov. 29, 1928 (27) 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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