

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

State of Columbia, Columbia, S. C.

(1) PLACE OF BIRTH

County of Thornhill
Township of 11
or
Inc. Town of 11
or
City of 11

(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. 20-A Registered No. 343
(For use of Local Registrar)

File No.—For State Registrar Only
34354

(2) Full Name of Child Clayton Brown

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

(3) SEX OR CHILD Boy (4) Twin or Triplet ☒ (5) Number in order of birth ☒ (6) Are Parents Married yes (7) DATE OF BIRTH Oct 26 1922
(Name of Month) (Day) (Year)

FATHER
(8) FULL NAME James Brown
(9) PRESENT POSTOFFICE OF FATHER Thornhill, S.C.
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 36
(Time)
(12) BIRTHPLACE Thornhill (S.C.)
(13) OCCUPATION Laborer
(14) Number of children born to mother, including present birth (Four (4))

MOTHER
(14) NAME BEFORE MARRIAGE Mamie Wright
(15) PRESENT POSTOFFICE OF MOTHER Thornhill (S.C.)
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 23
(Time)
(18) BIRTHPLACE Thornhill (S.C.)
(19) OCCUPATION House-keeper
(20) Number of children of this mother now living, including present birth (Four (4))

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Sallie James Midwife
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Thornhill S.C.

Given name added from a supplemental report

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

19 Registrar

(27) Date 10-28-22 (28) P. H. Pringle
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.