

(1) PLACE OF BIRTH

County of Richland
Township of Hopkins
or
Inc. Town of

CERTIFICATE OF BIRTH

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

File No. - For State Registrar Only

5125

Registration District No. 3603

Registered No. 75
(For use of Local Registrar)

City of (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 James L. Brown

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

(3) BOY OR GIRL girl (4) Twin or Triplet (5) Number in order of birth (6) Are Parents Married (7) DATE OF BIRTH February 3
(Name of Month) (Day) (Year) 1923

FATHER.

(8) FULL NAME Emack Lowman
(9) PRESENT POSTOFFICE OF FATHER Hopkins S.C.
(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 26
(12) BIRTHPLACE S.C.
(13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Lance Jones
(15) PRESENT POSTOFFICE OF MOTHER Hopkins S.C.
(16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 33
(18) BIRTHPLACE S.C.
(19) OCCUPATION

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

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

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

(23) (Signature) Dr. J. L. Brown
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Hopkins S.C.

Given name added from a supplemental report

(26) Witness Dr. J. L. Brown
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Feb 3 19 (28) Thos. J. Brown
Registrar Local Registrar

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 desired of stillbirth before the fifth month of pregnancy.