

(1) PLACE OF BIRTH

County of Anderson

Township of

or
Inc. Town ofCity of Anderson

(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

File No.—For State Registrar Only

6361

Registration District No. 3ARegistered No. 92
(For use of Local Registrar)(2) Full Name of Child John Edward Brown

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

(3) BOY OR GIRL 7

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF

BIRTH March 11, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

John Richard Brown

(9) PRESENT POSTOFFICE OF FATHER

Anderson S.C.

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

(Years)

(12) BIRTHPLACE

Abbeville Co. S.C.

(13) OCCUPATION

Cotton mill operative

MOTHER.

(14) NAME BEFORE MARRIAGE

Mattie Leone Whorin

(15) PRESENT POSTOFFICE OF MOTHER

Anderson S.C.

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

19
(Years)

(18) BIRTHPLACE

Siedmont S.C.

(19) OCCUPATION

Homemaker

(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 alive at 9:30 A.M. on the date above stated.
(Born alive or stillborn) (Hour, M. or P. M.)(23) (Signature) Wade Thompson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Anderson S.C.

Given name added from a supplemental report

(26) Witness

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

F. B. CRAYTON,

(27) Filed

(28)

Local Registrar

ANDERSON S.C.

*When there was no attending physician or midwife, then the father, householder, etc., should sign. 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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