

## (1) PLACE OF BIRTH

County of OrangeburgTownship of Lowland

City of \_\_\_\_\_

Incl. Town of \_\_\_\_\_

City of \_\_\_\_\_

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 3667No. 16218 — For State Registrar Only

16218

Registered No. 42

(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Fadie Lee 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? Yes(7) DATE OF BIRTH May 12, 1922

(Name of Month) (Day) (Year)

## FATHER

(8) FULL NAME Frank Brown(9) PRESENT POSTOFFICE OF FATHER Springfield S.C.(10) COLOR OR RACE Negro(11) AGE AT LAST BIRTHDAY 32

(Years)

(12) BIRTHPLACE S.C.

## MOTHER

(14) NAME BEFORE MARRIAGE Jessie Jones(15) PRESENT POSTOFFICE OF MOTHER Springfield S.C.(16) COLOR OR RACE Negro(17) AGE AT LAST BIRTHDAY 28

(Years)

(18) BIRTHPLACE S.C.(13) OCCUPATION Farm Laborer(19) OCCUPATION Farm Laborer(20) Number of children born to mother, including present birth 7(21) Number of children of this mother now living, including present birth 7

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive, at 8:30 P.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) Paul A. Hicken

(24) Signature of Physician or Midwife

(25) Address of Physician or Midwife Springfield, S.C.Given name added from a supplement — (a) report —(26) Witness —

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

(27) (Signature) —(28) (Signature) —(29) (Signature) —

Registrar

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 sixth month of pregnancy.