

(1) PLACE OF BIRTH

County of Franklin
 Township of Monticello
 or Loc. Town of SC
 or City of SC

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

17581

Registration District No. 15Registered No. 20
(For use of Local Registrar)

(No. St.; Ward)

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

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

(2) Full Name of Child

3 BOY OR GIRL B

4 Twin or Triplet?

(5) Number in order of birth 4(6) Are Parents Married? Yes

(7) DATE OF BIRTH

March 2, 1928
(Name of Month) (Day) (Year)

FATHER.

8 FULL NAME

Roll Brown

9 PRESENT POSTOFFICE OF FATHER

Strother

(10) COLOR OR RACE

B

(11) AGE AT LAST BIRTHDAY

27
(Years)

12 BIRTHPLACE

SC

13 OCCUPATION

Farmer & Laborer

20 Number of children born to mother, including present birth

4

MOTHER.

(14) NAME BEFORE MARRIAGE

Alan Douglas

(15) PRESENT POSTOFFICE OF MOTHER

Strother

(16) COLOR OR RACE

B

(17) AGE AT LAST BIRTHDAY

20
(Years)

(18) BIRTHPLACE

SC

(19) OCCUPATION

Wife & Laborer

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

4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) James Moore

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Strother

Given name added from a supplemental report

(26) Witness

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

(27) Filed June 15, 1928(28) C. B. Ratt 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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