

MARGIN RESERVED FOR BINDING.  
 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.

(1) PLACE OF BIRTH  
 County of Lancaster  
 Township of Crum Creek  
 or  
 Inc. Town of .....  
 or  
 City of .....  
 (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  
15511

Registration District No. 2801 Registered No. 19  
 (For use of Local Registrar)

(No. .... St.; ..... Ward)

(2) Full Name of Child ..... (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>May-19-22</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Pearce Brown</u>			(14) NAME BEFORE MARRIAGE <u>Golis Brown</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Lancaster S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Lancaster S.C.</u>	
(10) COLOR OR RACE <u>W</u>	(11) AGE AT LAST BIRTHDAY <u>25</u> (Years)	(16) COLOR OR RACE <u>W</u>	(17) AGE AT LAST BIRTHDAY <u>18</u> (Years)	
(12) BIRTHPLACE <u>Lancaster S.C.</u>			(18) BIRTHPLACE <u>Lancaster S.C.</u>	
(13) OCCUPATION <u>Walter Mill</u>			(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth <u>1 One</u>			(21) Number of children of this mother now living, including present birth <u>1 One</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) M. M. Brown  
 (24) State of Mother, Physician or Midwife Medwife Lancaster S.C.  
 (25) Address of Physician or Midwife Lancaster S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
579 2 J. J. Smith

(27) Filed 19 (28) 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 stillbirths before the fifth month of pregnancy.