

In Hall
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Not Recd.

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U. S. Dept. of Commerce
Bureau of the Census

1. PLACE OF BIRTH

County of Richland
Township of Ridgewood
or
Inc. Town of _____
or
City of Columbia,

Standard Certificate of Birth

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health
Registration District No. 38-B

FILE No.—For State Registrar Only

04658

Registered No. _____
(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)

2. FULL NAME OF CHILD Murray Brown, Jr.

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

3. Boy or Girl Boy If Plural Births _____ 4. Twins, triplets or other..... 5. Premature 6. Are Parents Married yes 7. Date of birth June 21 1948
(Month, day, year)

9. Full name of FATHER Murray Brown, Sr

18. Name before marriage of MOTHER Anna Martin

10. Residence (mailing address) (If non-resident, give place and State) Ridgewood, SC

19. Residence (mailing address) (If non-resident, give place and State) Ridgewood, SC

11. Color or race Negro 12. Age at last birthday 23 (years)

20. Color or race Negro 21. Age at last birthday 17 (years)

13. Birthplace (city or place) (State or country) Charleston, S.C.

22. Birthplace (city or place) (State or country) Richland County, S.C.

OCCUPATION 14. Trade, profession or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.
16. Date (month and year) last engaged in this work 19....
17. Total time (years) spent in this work.....

OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
25. Date (month and year) last engaged in this work 19....
26. Total time (years) spent in this work.....

27. Number of children of this mother (At time of birth and including this child (a) Born alive and now living..... (b) Born alive but now dead..... (c) Stillborn

28. If stillborn, period of gestation..... months weeks 29. Cause of stillbirth { Before labor During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 10:30 a.m. on the date above stated.

I certify that I instilled or had instilled in the eyes of this child at 10:30 A.m. on above date.

(Name of Prophylactic)

Cleft Palate _____ Hare Lip _____ Other Deformities _____ (Specify)

{ When there was no attending physician or midwife, then the father, householder etc., should make this return.

Given name added from a supplementary report _____

(Date of)

State Registrar

(Signed) _____, M.D. or _____, Midwife
Address Rt. No. 1 Columbia, S.C.
Filed May 17, 1948 Thos. P. Lesesne
Local Registrar fc

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate.)