

MARGIN RESERVED FOR BINDING.
 WHITE 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 Richmond
 Township of Richmond
 or
 Inc. Town of
 or
 City of Columbia S.C. (No. 1405 Godson St.; 2 Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 Registration District No. 28a Registered No. 1808
 (For use of Local Registrar)

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

(3) BOY OR GIRL? Boy (4) Twin or Triplet? 1 (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH: Oct 19, 1925
 (Name of Month) (Day) (Year)
 To be answered only in event of Twins or Triplets

FATHER.
 (8) FULL NAME James William Brown
 (9) PRESENT POSTOFFICE OF FATHER Columbia S.C.
 (10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 23 (Years)
 (12) BIRTHPLACE Charlotte N.C.
 (13) OCCUPATION Painter
 (20) Number of children born to mother, including present birth 3

MOTHER.
 (14) NAME BEFORE MARRIAGE Lustine Spinkler
 (15) PRESENT POSTOFFICE OF MOTHER Columbia S.C.
 (16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 23 (Years)
 (18) BIRTHPLACE Holly Hill S.C.
 (19) OCCUPATION Domestic
 (21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
 (22) I hereby certify that I attended the birth of this child, who was Born alive at 7 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. H. H. H.
 (24) State whether Physician or Midwife Midwife (25) Address of Physn. or Midwife 107 Wmough St.
 Given name added from a supplemental report
 (26) Witness (Signature of Witness necessary only when question 24 is signed by mother)
 (27) Filed 1-0-31 1925 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.

RECAP OF COLUMBIA, S. C.