

## (1) PLACE OF BIRTH

County of SumterTownship of Rowlandor  
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

No. 10.—For State Registrar Only

30313

Registration District No. .... Registered No. 77

(For use of Local Registrar)

(2) Full Name of Child Mulla Brown

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

(3) BOY OR GIRL Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH

Sept. 6, 1923

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME John Brown(9) PRESENT POSTOFFICE OF FATHER R.I. Sumter, S.C.(10) COLOR OR RACE Negro(11) AGE AT LAST BIRTHDAY 36

(Year)

(12) BIRTHPLACE S.C.(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 9

## MOTHER.

(14) NAME BEFORE MARRIAGE Sally Switzer(15) PRESENT POSTOFFICE OF MOTHER R.I. Sumter, S.C.(16) COLOR OR RACE Negro(17) AGE AT LAST BIRTHDAY 36

(Year)

(18) BIRTHPLACE S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 8

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 11 P.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) Mary M. Jones

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife R.I. Sumter, S.C.

Given name added from a supplemental report

(26) Witness .....

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

(27) Filed Sept. 8, 1923 (28) Car P. St. 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.