

(1) PLACE OF BIRTH

County of Charlottesville

Township of

or
Inc. Town ofor
City of Charlottesville

(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

41913

Registered No. 38
(For use of Local Registrar)(2) Full Name of Child. Rosebud Brown

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

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <u>-</u> <small>To be answered only in case of Twin or Triplet</small>	(5) Number in order of birth <u>-</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Sept. 29, 22</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(8) FULL NAME Lie Brown(9) PRESENT POSTOFFICE OF FATHER Charlottesville R. 4(10) COLOR OR RACE Ce. (11) AGE AT LAST BIRTHDAY 26 (Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farming(14) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Mag Peterson(15) PRESENT POSTOFFICE OF MOTHER Charlottesville(16) COLOR OR RACE Ce. (17) AGE AT LAST BIRTHDAY 25 (Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Farm hand(20) 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 alive at 3 P.M. on the date above stated.
(Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) Amanda Brown(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Charlottesville

Given name added from a supplemental report.

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Local Registrar. E. E. Ford

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 be reported as stillborn. No report is desired of stillbirths before the sixth month of pregnancy.