

(1) PLACE OF BIRTH
County of Lexington
Township of Conger
or
Loc. Town of.....
or
City of Cayce SC
(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

43500

Registration District No. 3105 Registered No. 144
(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

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

(3) BOY OR GIRL girl (4) Twin or Triplet? one (5) Number in order of birth Two (6) Are Parents Married? yes (7) DATE OF BIRTH dec 5 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Clard B Brown
(9) PRESENT POSTOFFICE OF FATHER Cayce SC
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 31
(Years)
(12) BIRTHPLACE SC
(13) OCCUPATION machinist
(14) Number of children born to mother, including present birth Two

MOTHER.

(14) NAME BEFORE MARRIAGE Athalia Throckland
(15) PRESENT POSTOFFICE OF MOTHER Cayce SC
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 22
(Years)
(18) BIRTHPLACE SC
(19) OCCUPATION domestic
(21) Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 10 P. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. A. Oxner

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed 12/21 19 22

(28) J. P. Lybrand 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.