

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 M. 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 Chas.
 Township of Chas.
 or
 Inc. Town of Hazel Lee Rose
 or
 City of Chas. (No. 161 Spring St. St.; Ward)
 (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
456

Registration District No. 9 A Registered No. 19
 (For use of Local Registrar)

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

(3) SEX ON BIRTH Girl (4) Type of Vagina Normal (5) Number to order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH Jan 17 1922
 (Month of Month) (Day) (Year)

MOTHER.

(14) NAME BEFORE MARRIAGE Margie Brown
 (15) PRESENT POSTOFFICE OF MOTHER 161 Spring St.
 (16) COLOR OR RACE Gal (17) AGE AT LAST BIRTHDAY 23 (Year)
 (18) BIRTHPLACE Piedmont, S.C.
 (19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth 1
 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn at 12:30 P.M. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) J. H. Seabright
 (24) (Title) Whether Physician or Midwife Physician (25) Address of Physician or Midwife 161 Spring St.

Given name added from a supplemental report
Court order # 13,602
Filed 9-19 1922
 Registrar

(26) Witness J. H. Seabright (Signature of Witness necessary only when question 22 is signed by mother)
 (27) Filed 1-20 1922 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.

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