

MARGIN RESERVED FOR  
 WRITE PLAINLY, WITH UNFADING INK—THIS IS  
 N. E. IN case of TWINS OR TRIPLETS use a SEPARATE BLANK. —OR EACH CHILD, and mark the  
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.  
 Mccay v. Columbia, S. C.

(1) PLACE OF BIRTH  
**LEXINGTON**  
 County of .....  
 Township of **BULL SWAMP** .....  
 or  
 Inc. Town of .....  
 or  
 City of .....

DELAYED  
**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only  
 139-23-049084

Registration District No. **102** Registered No. **38** .....  
 (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 **Norma Brown** { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <b>Girl</b>	(4) Twin or Triplet? <input checked="" type="checkbox"/>	(5) Number in order of birth <b>1</b>	(6) Are Parents Married? <b>Yes</b>	(7) DATE OF BIRTH <b>April 10, 1928</b> (Name of Month) (Day) (Year)
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**FATHER**

(8) FULL NAME **Grover Brown**

(9) PRESENT POSTOFFICE OF FATHER **Swansea**

(10) COLOR OR RACE **White** (11) AGE AT LAST BIRTHDAY **40** (Years)

(12) BIRTHPLACE **Aiken S.**

(13) OCCUPATION **Farmer**

(20) Number of children born to mother, including present birth **6**

**MOTHER**

(14) NAME BEFORE MARRIAGE **Paul Coleman**

(15) PRESENT POSTOFFICE OF MOTHER **Swansea**

(16) COLOR OR RACE **White** (17) AGE AT LAST BIRTHDAY **37** (Years)

(18) BIRTHPLACE **Aiken S.**

(19) OCCUPATION

(21) Number of children of this mother now living, including present birth **5**

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

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

(23) (Signature) **Nancy Jones**  
 (24) State whether Physician or Midwife **midwife** (25) Address of Physician or Midwife **Swansea**

Given name added from a supplemental report  
**Amended pg 1 of 2**  
 ..... 19 ..  
 Registrar

(26) Witness .....  
 (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed **April 10, 1928** (28) Local Registrar.

\*When there was no attending physician or midwife, when 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.

0428

AFFIDAVIT NEXT FRAME