

MARGIN RESERVED FOR  
WRITE PLAINLY, WITH UNFADING INK—THIS IS  
N. E. 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  
**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 **Girl** (4) Twin or Triplet? ☒ (5) Number in order of birth **1** (6) Are Parents Married? **Yes** (7) DATE OF BIRTH **April 10, 1928**  
(Name of Month) (Day) (Year)

FATHER		MOTHER	
(8) FULL NAME <b>Grover Brown</b>	(14) NAME BEFORE MARRIAGE <b>Karl Coleman</b>	(9) PRESENT POSTOFFICE OF FATHER <b>Swansea</b>	(15) PRESENT POSTOFFICE OF MOTHER <b>Swansea</b>
(10) COLOR OR RACE <b>White</b>	(11) AGE AT LAST BIRTHDAY <b>40</b> (Years)	(16) COLOR OR RACE <b>White</b>	(17) AGE AT LAST BIRTHDAY <b>37</b> (Years)
(12) BIRTHPLACE <b>Aiken Co</b>	(18) BIRTHPLACE <b>Aiken Co</b>	(13) OCCUPATION <b>Farmer</b>	(19) OCCUPATION
(20) Number of children born to mother, including present birth <b>6</b>	(21) Number of children of this mother now living, including present birth <b>5</b>		

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 22, 1928** (28) Local Registrar **J. H. Hight**

\*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.

0428  
AFFIDAVIT NEXT FRAME