

(1) PLACE OF BIRTH

County of BainbergTownship of 3 mileor
Inc. Town ofor
City of

(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 HealthRegistration District No. 404File No. 400418
Registered No. 123
(For use of Local Registrar)

(2) Full Name of Child

Elna Blanche Brown (If child is not yet named, make supplemental report as directed)(3) BOY OR GIRL Girl(4) Twin or Triplet? To be answered only in event of Twins or Triplets(5) Number in order of birth 4(6) Are Parents Married? yes(7) DATE OF BIRTH Oct 28, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Marian L. Brown(9) PRESENT POSTOFFICE OF FATHER Columbia S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 32
(Year)(12) BIRTHPLACE S.C.(13) OCCUPATION Carriette Penitentiary(14) Number of children born to mother, including present birth 4

MOTHER.

(15) NAME BEFORE MARRIAGE Annie Bishop(16) PRESENT POSTOFFICE OF MOTHER Bainberg S.C.(17) COLOR OR RACE White (18) AGE AT LAST BIRTHDAY 34
(Year)(19) BIRTHPLACE S.C.(20) OCCUPATION Housework(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 2 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Miley Carter

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Ennhard S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed Jan 6, 1923(28) W. H. Kinard

Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this report 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.