

(1) PLACE OF BIRTH

County of Anderson

Township of

or

Inc. Town of

or

City of Anderson Co Hospital

(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

28706

Registration District No. 3A Registered No. 370

(For use of Local Registrar)

(2) Full Name of Child Oris Paul Brown, 3rd { If child is not yet named, make supplemental report as directed3) BOY OR GIRL? Boy (4) Twin or Triplet? 1 (5) Number in order of birth 3 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 8, 1922
(Name of Month) (Day) (Year)

FATHER.

8) FULL NAME Oris Paul Brown (14) NAME BEFORE MARRIAGE Wm Eliza Ad9) PRESENT POSTOFFICE OF FATHER Anderson SC (15) PRESENT POSTOFFICE OF MOTHER Anderson SC10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 26 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 41
(Years) (Years)12) BIRTHPLACE Anderson SC (18) BIRTHPLACE Henry SC13) OCCUPATION Contractor Business (19) OCCUPATION Farmer20) 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 2:42 M., on the date above stated. (Hour A. M. or P. M.)(23) (Signature) [Signature] (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Anderson SC

Given name added from a supplemental report

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

F. B. CRAYTON,

(27) Filed 19 (28) ANDERSON, S.C.

*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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