

## (1) PLACE OF BIRTH

County of AndersonTownship of Brushy Creek

Incl. Town of .....

City of .....

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Shadya 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

(6) Are Parents Married? yes

(7) DATE OF BIRTH

Mar 24, 22  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Ernest Brown

(9) PRESENT POSTOFFICE OF FATHER

Earley S.C.

(10) COLOR OR RACE

negro(11) AGE AT LAST BIRTHDAY 27  
(Years)

(12) BIRTHPLACE

Greenville Co

(13) OCCUPATION

Farmer

## MOTHER.

(14) NAME BEFORE MARRIAGE

Minnie Jackson

(15) PRESENT POSTOFFICE OF MOTHER

Earley S.C.

(16) COLOR OR RACE

negro(17) AGE AT LAST BIRTHDAY 32  
(Years)

(18) BIRTHPLACE

Anderson Co

(19) OCCUPATION

Housekeeper

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

4

(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 Alive at 1 A.M. (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.(23) (Signature) Clara B. Cobb(24) State whether Physician or Midwife midwife(25) Address of Physician or Midwife Earley S.C. #3

Given name added from a supplemental report

(26) Witness

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

(27) Filed Mar 27, 22(28) J. R. Watson

(29) Local Registrar

When there was no attending physician or midwife, then the father, householder, or ... should make this return. If a child breathes even once, it must not be reported as stillborn. No reports desired of stillbirths before the fifth month of pregnancy.