

(1) PLACE OF BIRTH

County of Anderson
 Township of Union
 or
 Inc. Town of.....
 or
 City of.....

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only

3095

Registration District No. 3.13 Registered No. 7
 (For use of Local Registrar)

(2) Full Name of Child Justa Lida L. Brown (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Boy (4) Twin or Triplet? ✓ (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 3, 1922
 (Specify of Month) (Day) (Year)

FATHER.

(8) FULL NAME Ernest M. Brown

(9) PRESENT POSTOFFICE OF FATHER Anderson, R.F.D. #6

(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 32
 (Years)

(12) BIRTHPLACE Anderson Co. S.C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 11

MOTHER.

(14) NAME BEFORE MARRIAGE Kathleen Hanks

(15) PRESENT POSTOFFICE OF MOTHER Anderson, S.C. R.F.D. #6

(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 29
 (Years)

(18) BIRTHPLACE Anderson Co. S.C.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 5:45 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Olga V. Smith

(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Anderson, 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 Mar 15 1922 (28) E. A. Rod Local Registrar

*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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