

Hospital No. 103 Date of Birth 7
 Name of Mother Anna Brown Name of Father Sam Brown
 (If birth occurs in a hospital or other institution, name of said mother of child and hospital)

Full Name of Child Sam Brown Sex Male
 (If child is not yet named, give name)

Date of Birth 2-6-33 Time of Birth 11:15
 Place of Birth South Car Name of Hospital Farmington

(14) NAME OF FATHER Sam Brown
 (15) OCCUPATION Farmington
 (16) COLOR Colored (17) SEX Male
 (18) BIRTHPLACE South Car
 (19) OCCUPATION Farmington
 (20) NUMBER OF CHILDREN OF MOTHER 1

(14) NAME OF MOTHER Anna Brown
 (15) OCCUPATION Farmington
 (16) COLOR Colored (17) SEX Female
 (18) BIRTHPLACE South Car
 (19) OCCUPATION Farmington
 (20) NUMBER OF CHILDREN OF FATHER 1

I hereby certify that I attended the birth of this child who was ... Sam Brown ... 2-6-33 ...
 on the date above stated. (Sign A. M. or P. M.)
 Signature of Physician [Signature] Date 2-6-33

Name of Child Sam Brown Sex Male
 Date of Birth 2-6-33 Time of Birth 11:15
 Place of Birth South Car Name of Hospital Farmington