

(1) PLACE OF BIRTH

County of Florence
 Township of Summerville
 OR
 Inc. Town of

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only
 64383

Registration District No. 2015 Registered No. 57
 (For use of Local Registrar)
 (No. St.; Ward)
 City of

(2) Full Name of Child Marie Brown } If child is not yet named, make supplemental report as directed

(3) MALE GIRL? <u>Yes</u>	(4) Twin or Triplet? <small>To be answered only in event of Twin or Triplets</small>	(5) Number in order of birth	(6) Are Parent Married? <u>No</u>	(7) DATE OF BIRTH <u>June 24 1914</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.			MOTHER.	
(8) FULL NAME <u>George Johnson</u>			(14) NAME BEFORE MARRIAGE <u>Marie Brown</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Summerville</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Summerville</u>	
(10) COLOR <u>Color</u>	(11) AGE AT LAST BIRTHDAY <u>35</u> <small>(Years)</small>	(16) COLOR OR RACE <u>Color</u>		
(12) BIRTHPLACE <u>Summerville S.C.</u>	(17) AGE AT LAST BIRTHDAY <u>21</u> <small>(Years)</small>			
(13) OCCUPATION <u>Brick Mason</u>	(18) BIRTHPLACE <u>Summerville</u>			
(20) Number of children born to mother, including present birth <u>3</u>	(19) OCCUPATION <u>House Work</u>			
			(21) Number of children of this mother now living, including present birth <u>2</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at Summerville on the date above stated. 5 M.

(23) (Signature) Hattie Smith (Born alive or stillborn) (Hour, M. or P. M.)

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Summerville S.C.

Given name added from a supplemental report

(26) Witness J. L. Gibson
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed June 30 1914 (28) W. C. Minis
 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.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.
 N. P.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the McCaw, of Columbia. FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.