

File No.—For State Registrar Only  
75043

**CERTIFICATE OF BIRTH**

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

(1) PLACE OF BIRTH

County of Union

Township of Barney

or  
Inc. Town of .....

Registration District No. 4205 Registered No. 64  
(For use of/Local Registrar)

City of ..... (No. .... St.; .... Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>ya</u>	(7) DATE OF BIRTH <u>Aug 21</u> 19 <u>18</u> (Name of Month) (Day) (Year)
------------------------------	----------------------	------------------------------	------------------------------------	--

To be answered only in event of Twins or Triplets

**FATHER.**

(8) FULL NAME George Brown

(9) PRESENT POSTOFFICE OF FATHER Mt Zabor

(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 29 (Years)

(12) BIRTHPLACE Ill.

(13) OCCUPATION Rail Road Hand

(20) Number of children born to mother, including present birth { ..... 5 .....

**MOTHER.**

(14) NAME BEFORE MARRIAGE Clara Gist

(15) PRESENT POSTOFFICE OF MOTHER Mt Zabor

(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 24 (Years)

(18) BIRTHPLACE Ill.

(19) OCCUPATION Housewife

(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 ..... 9 ..... 2 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. M. Murray  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife  
Physician Lockhart Ill.

Given name added from a supplemental report  
....., 191.....  
.....  
Registrar

(26) Witness .....  
(Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed Sept 6 191..... (28) D. S. Gallman  
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. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.  
McCaw, of Columbia.