

(1) PLACE OF BIRTH

County of OrangeburgTownship of John

OR

Inc. Town of John

OR

City of John

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

(2) Full Name of Child Ellen Brown(3) BOY OR GIRL Girl(4) Twin or Triplet? No(5) Number in order of birth 1(6) Are Parents Married? Yes(7) DATE OF BIRTH May 10 22(8) FATHER'S FULL NAME John Brown(9) PRESENT POSTOFFICE OF FATHER Chryco SC(10) COLOR OR RACE Col(11) AGE AT LAST BIRTHDAY 26(12) BIRTHPLACE Chryco SC(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 3(14) MOTHER'S NAME BEFORE MARRIAGE Mary Distenfeld(15) PRESENT POSTOFFICE OF MOTHER Chryco SC(16) COLOR OR RACE Col(17) AGE AT LAST BIRTHDAY 26(18) BIRTHPLACE Chryco SC(19) OCCUPATION Wife of Farmer(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 11 P. on the date above stated.(23) (Signature) Julia Kennedy(24) State whether Physician or Midwife Midwife

Given name added from a supplemental report

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

(26) Registrar John W. Dukes

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.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 3619 Registered No. 18

(For use of Local Registrar)

File No. - For State Registrar Only

16307

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