

(1) PLACE OF BIRTH

County of AikenTownship of Rocky

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

9059

Registration District No. 7.9.9 Registered No. 8
(For use of Local Registrar)

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

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

(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet? <input checked="" type="checkbox"/>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Apr 8</u> 19 <u>28</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Mike Brown(9) PRESENT POSTOFFICE OF FATHER Salley, S.C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 21
(Year)(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Emilee Williamson(15) PRESENT POSTOFFICE OF MOTHER Salley, S.C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 29
(Year)(18) BIRTHPLACE S.C.(19) OCCUPATION House wife

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was alive at 9 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) Charity H. Hester(23) State whether Midwife (24) Address of Physician or Midwife Sally, S.C.

Given name added from a supplemental report

(25) Witness Chas. H. Salley

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

(26) Filed Apr 10 1928 (27) Chas. H. Salley
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.