

(1) PLACE OF BIRTH

County of Lexington
 Township of Gilbert Hall
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

4914

Registration District No. 3107

Registered No. 11
 (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 Amber Dusselle Brown If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? — (5) Number in order of birth 2 (6) Are Parents Married? yes (7) DATE OF BIRTH Jan 12, 1933
 To be answered only in event of Twin or Triplet (Specify of Month, Day, Year)

FATHER.

(8) FULL NAME Willie Brown
 (9) PRESENT POSTOFFICE OF FATHER Manetta S.C.
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 34 (Years)
 (12) BIRTHPLACE S.C.
 (13) OCCUPATION Machanic
 (20) Number of children born to mother, including present birth Two

MOTHER.

(14) NAME BEFORE MARRIAGE Bessie Addy
 (15) PRESENT POSTOFFICE OF MOTHER Manetta S.C.
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 34 (Years)
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION House wife
 (21) Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 11 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) P. G. Smith, M.D.
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Manetta S.C.

Given name added from a supplemental report

M. A. Anderson, M.D.
2/9/33
 Registrar

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

(27) Filed JAN 10 1933 (28) P. O. Shively 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 INDEXING.
 WRITE PLAINLY, WITH UNFADING INK—IN A PERMANENT MATERIAL.
 N. B.—In case of TWIN or TRIPLETS, use a SEPARATE CERTIFICATE, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.