

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PRESENTMENT RECORD. 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.

(1) PLACE OF BIRTH

County of Richland
Township of Columbia
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
16490

Registration District No. 38 Registered No. 1413
(For use of Local Registrar)
(No. Edgewold 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 Elizabeth Brown If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH May 27
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME John Brown
(9) PRESENT POSTOFFICE OF FATHER Edgewold P.O.
(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 37
(12) BIRTHPLACE Richland
(13) OCCUPATION Saw Mill Farmer
(20) Number of children born to mother, including present birth 11

MOTHER.
(14) NAME BEFORE MARRIAGE Leessie Giggan
(15) PRESENT POSTOFFICE OF MOTHER Edgewold P.O.
(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 39
(18) BIRTHPLACE Richland
(19) OCCUPATION Domestic
(21) Number of children of this mother, now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 3:30 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mary Harrell
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

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Registrar (27) Filed 6 - 17 - 1922 (28) 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.