

(1) PLACE OF BIRTH

County of Barnwell
 Township of West. Park
 Inc. Town of Suelling
 City of Suelling

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

13750

Registration District No. 5-0-9Registered No. 2-2
(For use of Local Registrar)St. Ward

(2) Full Name of Child Armas Lilly Mrs
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 (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 (6) Are Parents Married? no (7) DATE OF BIRTH May 11 19 22
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME W. T. Brown
 (9) PRESENT POSTOFFICE OF FATHER
 (10) COLOR OR RACE (11) AGE AT LAST BIRTHDAY (Years)
 (12) BIRTHPLACE
 (13) OCCUPATION
 (14) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Charity Mrs
 (15) PRESENT POSTOFFICE OF MOTHER Barnwell
 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 23 (Years)
 (18) BIRTHPLACE Barnwell
 (19) OCCUPATION Farming
 (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 born alive at 5 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
 (23) (Signature) Bella Lee Ray
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed May 20 19 22 (28) W. B. Parker 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.