

(1) PLACE OF BIRTH

County of Greenville
 Township of Greenville
 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

18807

Registration District No. 2205A Registered No. 199
 (For use of Local Registrar)

(No. 500 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

If child is not yet named, make supplemental report as directed

3) BOY OR GIRL? 1 4) Twin or Triplet? 1 5) Number in order of birth 1 6) Are Parents Married? Yes 7) DATE OF BIRTH May 11, 1927
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

8) FULL NAME Robert S. Brown
 9) PRESENT POSTOFFICE OF FATHER Greenville S.C.
 10) COLOR OR RACE White 11) AGE AT LAST BIRTHDAY 43 (Years)
 12) BIRTHPLACE Green A. SC
 13) OCCUPATION Box Clerk
 20) Number of children born to mother, including present birth 3

MOTHER.

14) NAME BEFORE MARRIAGE Christie Robinson
 15) PRESENT POSTOFFICE OF MOTHER Home
 16) COLOR OR RACE White 17) AGE AT LAST BIRTHDAY 23 (Years)
 18) BIRTHPLACE Greenville S.C.
 19) OCCUPATION Housewife
 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 6:20 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Charles E. Brown(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Greenville S.C.

Given name added from a supplemental report

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

(27) Filed June 15, 1927 (28) A. J. Markley 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.

*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.