

(1) PLACE OF BIRTH

County of Union
 Township of Wilson
 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

13483

Registration District No. 4005 Registered No. 73
 (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

Ester Brown (No. St. Ward)
 (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth Living (6) Are Parents Married? No (7) DATE OF BIRTH May 2 1928
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Frank
 (9) PRESENT POSTOFFICE OF FATHER Do
 (10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 28 (Years)
 (12) BIRTHPLACE Hampton County
 (13) OCCUPATION Farm Laborer

MOTHER.

(14) NAME BEFORE MARRIAGE Matthie Brown
 (15) PRESENT POSTOFFICE OF MOTHER Luray S Co AR
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 21 (Years)
 (18) BIRTHPLACE Hampton County
 (19) OCCUPATION Farm Laborer

(20) Number of children born to mother, including present birth 2 (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 10 A.M. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) Matthew Brown (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Luray S Co AR

Given name added from a supplemental report

(26) Witness Sh. R. Lister (Signature of Witness necessary only when question 23 is signed by marks)

(27) Date May 17 1928 (28) J. W. Roose 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.