

THIS IS A PERMANENT 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		CERTIFICATE OF BIRTH		File No. - For State Registrar Only	
County of <u>Anderson</u>		STATE OF SOUTH CAROLINA		40723	
Township of .....		Bureau of Vital Statistics		34	
or		State Board of Health		Registered No. <u>460</u>	
Inc. Town of .....		Registration District No. ....		(For use of Local Registrar)	
or		(No. <u>41</u> <u>Four</u> .....		St.; ..... Ward)	
City of <u>Anderson</u>		(If birth occurs in a hospital or other institution, give name of street and number.)			
(2) Full Name of Child <u>Dorothy Anne Brown</u> (If child is not yet named, make supplemental report as directed)					
(3) BOY OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH	
BOY			yes	Nov. 21, 1912	
(Name of Month) (Day) (Year)					
FATHER.			MOTHER.		
(8) FULL NAME <u>Frank Brown</u>			(14) NAME BEFORE MARRIAGE <u>Lucy Anne Mauldin</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Anderson</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Anderson</u>		
(10) COLOR OR RACE <u>W</u>	(11) AGE AT LAST BIRTHDAY <u>29</u>	(16) COLOR OR RACE <u>W</u>			
(Years)		(17) AGE AT LAST BIRTHDAY <u>20</u>			
(12) BIRTHPLACE <u>And Co</u>		(18) BIRTHPLACE <u>And Co</u>			
(13) OCCUPATION <u>mill op</u>			(19) OCCUPATION <u>housewife</u>		
(20) Number of children born to mother, including present birth <u>2</u>			(21) Number of children of this mother now living, including present birth <u>2</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(22) I hereby certify that I attended the birth of this child, who was ..... at <u>4:05</u> P.M. on the date above stated. (Born alive or stillborn) (If born M. or F.M.)					
(23) (Signature) <u>H. H. Anderson</u>					
(24) State whether Physician or Midwife (25) Address of Physician or Midwife <u>Anderson</u>					
Given name added from a supplemental report			(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) <u>F. B. CRAYTON,</u>		
19 .....			(27) Filed ..... 19 ..... (28) <u>ANDERSON</u>		
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.