

(1) PLACE OF BIRTH

County of HamptonTownship of Peoples

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthRegistration District No. 7402

File No.—For State Registrar Only

30663

Registered No. 126
(For use of Local Registrar)

(No. 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 Amie Brown If child is not yet named, make supplemental report as directed.(3) BOY OR GIRL girl (4) Twin or Triplet? 1 (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Sept 22 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Abraham Brown(9) PRESENT POSTOFFICE OF FATHER Hampton(10) COLOR OR RACE Cold (11) AGE AT LAST BIRTHDAY 31 (Year)(12) BIRTHPLACE H. C.(13) OCCUPATION Housewife(20) Number of children born to mother, including present birth 7

MOTHER.

(14) NAME BEFORE MARRIAGE Maggie Cafers(15) PRESENT POSTOFFICE OF MOTHER Hampton 25(16) COLOR OR RACE Cold (17) AGE AT LAST BIRTHDAY 28 (Year)(18) BIRTHPLACE Rockenton Co(19) OCCUPATION Housewife work(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at P. M.
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) Amie Moor Midwife(24) State whether Physician or Midwife (25) Address of Physician or Midwife Hampton

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Date Sept 26 22 (28) Local Registrar W. Rogers

*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.