

(1) PLACE OF BIRTH

County of York

Township of R. M.

Inc. Town of

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. For State Registrar Only

9548

Registration District No. 1402 Registered No. 4

(For use of Local Registrar)

(2) Full Name of Child: Marianne Augusta Brown 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 3 (6) Are Parents Married? yes (7) DATE OF BIRTH Jan 29 (Name of Month) (Day) (Year)

FATHER:

(8) FULL NAME Samuel Brown(9) PRESENT POSTOFFICE OF FATHER Filbert(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 25 (Years)(12) BIRTHPLACE York Co(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 3

MOTHER:

(14) NAME BEFORE MARRIAGE Luanda Lipter(15) PRESENT POSTOFFICE OF MOTHER Filbert(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 20 (Years)(18) BIRTHPLACE York Co(19) OCCUPATION Former(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 5 M. (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.(23) (Signature) Mary Brown(24) State where Physician or Midwife (25) Address of Physician or Midwife Filbert 30

Given name added from a supplemental report

(26) Witness

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

(27) Registrar

(28) 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 be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.