

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
28863

(1) PLACE OF BIRTH

County of Anderson
Township of Anderson
or
Inc. Town of
or
City of

Registration District No. Registered No.
(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

Joseph Edward

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

(3) BOY OR GIRL Boy
(4) Twin or Triplet? No
(5) Number in order of birth 1
To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Sept. 11, 1932
(Name) (Month) (Day) (Year)

FATHER.

(8) FULL NAME L. C. Brown
(9) PRESENT POSTOFFICE OF FATHER Anderson S.C.
(10) COLOR OR RACE Negro
(11) AGE AT LAST BIRTHDAY 39 (Years)
(12) BIRTHPLACE S.C.
(13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Hattie Bead
(15) PRESENT POSTOFFICE OF MOTHER Anderson S.C.
(16) COLOR OR RACE Negro
(17) AGE AT LAST BIRTHDAY 33 (Years)
(18) BIRTHPLACE S.C.
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth 4

(20) Number of children born to mother, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 3:40 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) H. E. Allgood

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Anderson 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 11-1-32 (28) H. E. Allgood 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.

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NEED NOT BE COMPLETED FOR STILLBIRTHS. IN CASE OF STILLBIRTHS, 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.