

## (1) PLACE OF BIRTH

County of Anderson

Township of .....

or

Inc. Town of .....

or

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

6364

Registration District No. 3A Registered No. 95-

(For use of Local Registrar)

(No. 314 North St. St.; ..... Ward)(2) Full Name of Child Mary Louise Brown If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL

(4) Twin or Triplet?

5

(5) Number in order of birth

2

(6) Are Parents Married?

Y

(7) DATE OF BIRTH

Mar 18, 1922

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Wm Arthur Brown

(9) PRESENT POSTOFFICE OF FATHER

314 North St  
Anderson SC

(10) COLOR OR RACE

W.

(11) AGE AT LAST BIRTHDAY

22

(Years)

(12) BIRTHPLACE

And Co.

(13) OCCUPATION

Insurance agent

## MOTHER.

(14) NAME BEFORE MARRIAGE

Beulah Martin

(15) PRESENT POSTOFFICE OF MOTHER

And. SC

(16) COLOR OR RACE

W.

(17) AGE AT LAST BIRTHDAY

19

(Years)

(18) BIRTHPLACE

And Co.

(19) OCCUPATION

mb

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

2

(21) Number of children of this mother now living, including present birth

2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 11 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

W. J. Brown

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

LAR2/20/192319Registrar

(26) Witness

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

F. B. CRAYTON,

(27) Filed

APRIL 10 1922

(28)

ANDERSON, S.C.

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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