

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.
N. B.—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.

McGraw-Hill, Columbia, S. C.

(1) PLACE OF BIRTH

County of Bamberg
Township of 3 mile
or
Inc. Town of
or
City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
33167

Registration District No. 404 Registered No. 74
(For use of Local Registrar)

City of (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 John Henry Brown

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

(3) BOY OR GIRL? <i>Boy</i>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth <i>3</i>	(6) Are Parents Married? <i>yes</i>	(7) DATE OF BIRTH <i>Sept 27 1944</i> (Name of Month) (Day) (Year)
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FATHER

(8) FULL NAME	Elly Brown	
(9) PRESENT POSTOFFICE OF FATHER	Ehrlhardt S B	
(10) COLOR OR RACE	Wm.	(11) AGE AT LAST BIRTHDAY..... 27..... (Year)
(12) BIRTHPLACE		

56

13) OCCUPATION
Laborer at saw mill

(20) Number of children born to mother, including present birth { 5

MOTHER

(10) NAME BEFORE MARRIAGE *Isabel M. ...*

(15) PRESENT POSTOFFICE OF MOTHER *Ehrhardt SL*

(16) COLOR OR RACE *Caf* (17) AGE AT LAST BIRTHDAY *25*
(Year)

(18) BIRTHPLACE _____

(19) OCCUPATION

Homework

(21) Number of children of this mother
now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

(22) I hereby certify that I attended the birth of this child, who was Born Alive at 6am on the date above stated.

(23) (Signature) Adeline Hunter

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplement-
tal report

(28) Witness
(Signature of Witness necessary only
when question 27 is signed by mark)

(27) Filed 10-27-19 22 (28) M. L. Kinard
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.