CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
16234

(1) PLACE OF BIRTH

County of Orangeburg

Township of .....
or
Inc. Town of Holly Hill
or
City of .....

Registration District No. 3609 Registered No. 74
(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 Gracie Brown {If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl | (4) Twin or Triplet? (| (5) Number in order of birth (| (6) Are Parents Married? Yes | (7) DATE OF BIRTH May 26, 1922 (Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

FATHER.	MOTHER.
(8) FULL NAME E. D. Brown	(14) NAME BEFORE MARRIAGE Gracie James
(9) PRESENT POSTOFFICE OF FATHER Holly Hill S.C.	(15) PRESENT POSTOFFICE OF MOTHER Holly Hill S.C.
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 31 (Years)	(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 18 (Years)
(12) BIRTHPLACE S.C.	(18) BIRTHPLACE S.C.
(13) OCCUPATION Farm Hand	(19) OCCUPATION Farm Hand
(20) Number of children born to mother, including present birth 3	(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 born alive at 10 P. M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lizzie Stoutmire

(24) State whether Physician or Midwife Midwife | (25) Address of Physician or Midwife Holly Hill S.C.

Given name added from a supplemental report

..... 19 ....
Registrar

(26) Witness M. Heesemann
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed June 3, 1922 (28) A. M. Heesemann
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.

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.
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING.
McCAW OF COLUMBIA, COLUMBIA, S. C.