

(1) PLACE OF BIRTH
County of Richland
Township of Cola S.C.

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

File No.—For State Registrar Only
16447

inc. Town of Registration District No. 38 Registered No. 135-5
(For use of Local Registrar)
City of (No. Olympia 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 Martha Brown } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet? <u>X</u> <small>To be answered only in event of twins or triplets</small>	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>May 13</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.			MOTHER.	
(8) FULL NAME <u>Lawman Brown</u>			(14) NAME BEFORE MARRIAGE <u>Edie Milligan</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Rt 4 Cola S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Rt 4 Cola S.C.</u>	
(10) COLOR OR RACE <u>Colored</u>			(16) COLOR OR RACE <u>Colored</u>	
(11) AGE AT LAST BIRTHDAY <u>24</u> <small>(Years)</small>			(17) AGE AT LAST BIRTHDAY <u>19</u> <small>(Years)</small>	
(12) BIRTHPLACE <u>Lakes Land S.C.</u>			(18) BIRTHPLACE <u>Lakes Land S.C.</u>	
(13) OCCUPATION <u>Public works</u>			(19) OCCUPATION <u>house work</u>	
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Rebecca Wright
(24) State whether Physician or Midwife (25) Address of Physician or Midwife midwife Rt 4 Cola S.C.

Given name added from a supplemental report

(26) Witness H. Hall
(Signature of Witness necessary when question 21 is signed blank)

(27) Filed 5/16 1922 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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