

(1) PLACE OF BIRTH

County of FlorenceTownship of Unionville

or

Inc. Town of

or

City of

(No. St.; Ward)
(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

26058

Registration District No. 2-015 Registered No. 44
(For use of Local Registrar)(2) Full Name of Child Peter James Brown If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>No</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 20, 22</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Theodore Brown(9) PRESENT POSTOFFICE OF FATHER Unionville S.C.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 28
(Years)(12) BIRTHPLACE GA(13) OCCUPATION Job work(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Rochel Montgomery(15) PRESENT POSTOFFICE OF MOTHER Unionville S.C.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 22
(Years)(18) BIRTHPLACE GA(19) OCCUPATION House work(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 4.00 P.M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) Signature Hattie Smith(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Unionville

Given name added from a supplemental report

(26) Witness B. H. Nelson
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed July 15, 1922 (28) B. H. Nelson 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.