

WHITE PLAINLY, WITH UNFADING INK—FILL IN A SEPARATE BLANK FOR EACH CHILD, and mark the first-born, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of
 Township of
 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
28880

Registration District No. **400** Registered No. **151**
 (For use of Local Registrar)

(2) Full Name of Child

Carrie Brown

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

(3) BOY OR GIRL **Girl** (4) Twin or Triplet? **No** (5) Number in order of birth **1** (6) Are Parents Married? **Yes** (7) DATE OF BIRTH **9/16/22**
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME **Abraham Brown**
 (9) PRESENT POSTOFFICE OF FATHER **Columbia, S. C.**
 (10) COLOR OR RACE **Col** (11) AGE AT LAST BIRTHDAY **47**
 (Years)
 (12) BIRTHPLACE **Columbia, S. C.**
 (13) OCCUPATION **Farmer**
 (20) Number of children born to mother, including present birth **3**

MOTHER.

(14) NAME BEFORE MARRIAGE **Agnes Brown**
 (15) PRESENT POSTOFFICE OF MOTHER **Columbia, S. C.**
 (16) COLOR OR RACE **Col** (17) AGE AT LAST BIRTHDAY **30**
 (Years)
 (18) BIRTHPLACE **Columbia, S. C.**
 (19) OCCUPATION **Domestic**
 (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 at **3 P. M.**,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) **Bessie Holman**
 (24) State where Physician or Midwife **S. C.** (25) Address of Physician or Midwife **Columbia, S. C.**

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
John Brown
 (27) Filed **10/1/22** (28) **John Brown** 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.