

MARGIN RESERVED FOR EXTENSION

WRITE PLAINLY WITH INK—GIVE IN A CONCISE MANNER
 1. Name and address of parents and of child, and date of birth.
 2. Name of child.
 3. Sex of child.
 4. Date of birth.
 5. Place of birth.
 6. Name of attending physician or midwife.
 7. Name of registrar.
 8. Name of hospital or institution.
 9. Name of mother.
 10. Name of father.
 11. Name of child.
 12. Name of child.
 13. Name of child.
 14. Name of child.
 15. Name of child.
 16. Name of child.
 17. Name of child.
 18. Name of child.
 19. Name of child.
 20. Name of child.
 21. Name of child.
 22. Name of child.
 23. Name of child.
 24. Name of child.
 25. Name of child.
 26. Name of child.
 27. Name of child.
 28. Name of child.
 29. Name of child.
 30. Name of child.
 31. Name of child.
 32. Name of child.
 33. Name of child.
 34. Name of child.
 35. Name of child.
 36. Name of child.
 37. Name of child.
 38. Name of child.
 39. Name of child.
 40. Name of child.
 41. Name of child.
 42. Name of child.
 43. Name of child.
 44. Name of child.
 45. Name of child.
 46. Name of child.
 47. Name of child.
 48. Name of child.
 49. Name of child.
 50. Name of child.
 51. Name of child.
 52. Name of child.
 53. Name of child.
 54. Name of child.
 55. Name of child.
 56. Name of child.
 57. Name of child.
 58. Name of child.
 59. Name of child.
 60. Name of child.
 61. Name of child.
 62. Name of child.
 63. Name of child.
 64. Name of child.
 65. Name of child.
 66. Name of child.
 67. Name of child.
 68. Name of child.
 69. Name of child.
 70. Name of child.
 71. Name of child.
 72. Name of child.
 73. Name of child.
 74. Name of child.
 75. Name of child.
 76. Name of child.
 77. Name of child.
 78. Name of child.
 79. Name of child.
 80. Name of child.
 81. Name of child.
 82. Name of child.
 83. Name of child.
 84. Name of child.
 85. Name of child.
 86. Name of child.
 87. Name of child.
 88. Name of child.
 89. Name of child.
 90. Name of child.
 91. Name of child.
 92. Name of child.
 93. Name of child.
 94. Name of child.
 95. Name of child.
 96. Name of child.
 97. Name of child.
 98. Name of child.
 99. Name of child.
 100. Name of child.

(1) PLACE OF BIRTH

County of Anderson
 Township of Jayawade
 or
 Inc. Town of
 or
 City of (No. St. Ward)

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
255

Registration District No. 311 Registered No. 6
 (For use of Local Registrar)

(2) Full Name of Child Hergie 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 Jan 6 22
 (To be answered only in event of Twins or Triplets) (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Luther Brown
 (9) PRESENT POSTOFFICE OF FATHER Star S.C.
 (10) COLOR OR RACE Col. (11) AGE AT LAST BIRTHDAY 30 (Years)
 (12) BIRTHPLACE Anderson Co.
 (13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Marie Brown
 (15) PRESENT POSTOFFICE OF MOTHER Star S.C.
 (16) COLOR OR RACE Col. (17) AGE AT LAST BIRTHDAY 34 (Years)
 (18) BIRTHPLACE Anderson S.C.
 (19) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 1 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Martha Palmer (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Star S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
Feb 9 22 (27) Filed L.A. Todd (28) 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.