

(1) PLACE OF BIRTH

County of AlconTownship of Trappeor
Inc. Town ofor
City of Hamlet

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Paula Brown

No. for State Registrar Only

40281

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthRegistration District No. 2017Registered No. 17
(For use of Local Registrar)(3) SEX Female (4) Type or Title Birth (5) Number in order of birth 1 (6) DATE OF BIRTH Dec 5 1913
(Name of Month) (Day) (Year)FATHER.
(8) FULL NAME John
(9) PRESENT RESIDENCE OF FATHER
(10) COLOR OR RACE
(11) BIRTHPLACE
(12) OCCUPATION
(13) Number of children born to mother, including present birthMOTHER.
(14) NAME BEFORE MARRIAGE Stach Brown
(15) PRESENT RESIDENCE OF MOTHER Mar. H. H.
(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 12
(18) BIRTHPLACE
(19) OCCUPATION Farmer and
(20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) Flora (23) State whether Physician or Midwife (24) Address of Physician or Midwife

Given name added from a supplemental report

(25) Witness (Signature of Witness necessary only when question 23 is signed by mother)

(26) Filed 1/10 (27) Registrar

*When there was no attending physician or midwife, then the father, householder, etc., If a child breathes even once, it must not be reported as stillborn. No report is required before the fifth month of pregnancy.