

(1) PLACE OF BIRTH

County of Spartanburg
 Township of Carroll

or
 Inc. Town of

or
 City of Kathryn (No. 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 Gola 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 6) Are Parents Married? yes 7) DATE OF BIRTH 9-27-22
 (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
8) FULL NAME <u>Johnnie D. Brown</u>	14) NAME BEFORE MARRIAGE <u>Mary Williams</u>	9) PRESENT POSTOFFICE OF FATHER <u>Trouble S.C.</u>	15) PRESENT POSTOFFICE OF MOTHER <u>Trouble S.C.</u>
10) COLOR OR RACE <u>White</u>	11) AGE AT LAST BIRTHDAY <u>20</u> (Years)	16) COLOR OR RACE <u>White</u>	17) AGE AT LAST BIRTHDAY <u>20</u> (Years)
12) BIRTHPLACE <u>Car. driver</u>	18) BIRTHPLACE <u>S.C.</u>	19) OCCUPATION <u>Housewife</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 alive at 10 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) M. L. H. H. H. H. H.(24) State whether Physician or Midwife M. D.(25) Address of Physician or Midwife M. D. H. H. H. H. H.

Given name added from a supplemental report

L. A. Risner, M.D.5-12-5744 19

Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Oct. 1, 1922 (28) M. W. 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.

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CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

32298

Registration District No. 4006 Registered No. 124
 (For use of Local Registrar)

STATIONER, REMOVED FOR BINDING, AND REPRODUCED BY THE STATE BOARD OF HEALTH, IN QUANTITY OF 100,000 COPIES, FOR THE PURPOSE OF DISTRIBUTION TO THE VARIOUS COUNTIES OF THE STATE, IN 1922.