

(1) PLACE OF BIRTH

County of Orangeburg
 Township of Rockledge
 OR
 Inc. Town of.....
 OR
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

19752

Registration District No. 3615 Registered No. 3.....
 (For use of Local Registrar)

(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 Virginia Livingston Brown; child is not yet named, make supplemental report as directed

(3) ~~BOY~~ GIRL? (4) Twin or Triplet? (5) Number in order of birth To be answered only in event of Twins or Triplets (6) Are Parents Married? yes (7) DATE OF BIRTH June 15, 1972
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Daniel Brown

(9) PRESENT POSTOFFICE OF FATHER North S.C.

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 38
 (Years)

(12) BIRTHPLACE Orangeburg, Co.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Jessie Wolfe

(15) PRESENT POSTOFFICE OF MOTHER North S.C.

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 28
 (Years)

(18) BIRTHPLACE Orangeburg, Co.

(19) OCCUPATION House keeping

(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive.... at 2 A.M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lula Robinson

(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Sally S.C.

Given name added from a supplemental report

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

(27) Filed 6-21-1972 (28) J. E. Peel
 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, NO. 1. THE OTHER, NO. 2, ETC., IN QUESTION 5.
 DEPARTMENT OF COLUMBIA, COLUMBIA, S. C.