

(1) PLACE OF BIRTH

County of Orangeburg
 Township of Rocky Grove
 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 Bergeria Livingston Brown child is not yet named, make supplemental report as directed

(3) DEAF GIRL?	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>June 15, 1922</u> (Name of Month) (Day) (Year)
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FATHER.		MOTHER.	
(8) FULL NAME <u>Daniel Brown.</u>	(14) NAME BEFORE MARRIAGE <u>Jessie Wolfe.</u>	(9) PRESENT POSTOFFICE OF FATHER <u>North S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>North S.C.</u>
(10) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>38</u> (Years)	(16) COLOR OR RACE <u>white</u>	(17) AGE AT LAST BIRTHDAY <u>28</u> (Years)
(12) BIRTHPLACE <u>Orangeburg, Co.</u>	(18) BIRTHPLACE <u>Orangeburg, Co.</u>	(13) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>House keeping</u>
(20) Number of children born to mother, including present birth <u>5</u>	(21) Number of children of this mother now living, including present birth <u>5</u>		

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 R. Blinn.

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

Given name added from a supplement-
 tal report

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

(27) Filed 6-21-1922 (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.
 N. B.—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 6.