

## (1) PLACE OF BIRTH

County of CalhounTownship of Ameliaor  
Inc. Town of .....

City of .....

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

## (2) Full Name of Child

Mariah Brown

If child is not yet named, make supplemental report as directed

3. BOY OR GIRL Girl4. Twin or Triplet? +5. Number in order of birth 26. Are Parents Married? yes7. DATE OF BIRTH Sept 25 22

(Name of Month) (Day) (Year)

8. FULL NAME Isaac Brown9. PRESENT POSTOFFICE OF FATHER Fort Mott10. COLOR OR RACE Black11. AGE AT LAST BIRTHDAY 21

(Years)

12. BIRTHPLACE Calhoun Co Ga13. OCCUPATION Farm Laborer14. Number of children born to mother, including present birth Two15. NAME BEFORE MARRIAGE Mary Brown16. PRESENT POSTOFFICE OF MOTHER Fort Mott S.C.17. COLOR OR RACE Black18. AGE AT LAST BIRTHDAY 18

(Years)

19. BIRTHPLACE Ga.20. OCCUPATION Housewife21. Number of children of this mother now living, including present birth Three

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born Sept 25 at 3 A M., on the date above stated. (Hour A. M. or P. M.)(23) (Signature) Mitty X Brown(24) State whether Physician or Midwife(25) Address of Physician or Midwife Fort Mott S.C.

Given name added from a supplemental report

(26) Witness J. Woodley M.D.

Signature of Witness necessary only when question 25 is signed by mark

(27) Filed Jan 9 1923 (28) A. R. Able 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

Registration District No. 800

File No. — For State Registrar Only

41123Registered No. 156  
(For use of Local Registrar)

(No. .... St.; .... Ward)

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