

(1) PLACE OF BIRTH

County of Millonick
 Township of Branch
 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
31220

Registration District No. 4505

Registered No. 31
 (For use of Local Registrar)

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

(2) Full Name of Child

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

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet? <u>No</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>1st</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Sept 2, 22</u> (Name of Month) (Day) (Year)
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FATHER:
 (8) FULL NAME Walter Brown
 (9) PRESENT POSTOFFICE OF FATHER Branch
 (10) COLOR OR RACE White
 (11) AGE AT LAST BIRTHDAY 46
 (12) BIRTHPLACE Waverly Co. I.C.
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 8

MOTHER:
 (14) NAME BEFORE MARRIAGE Laura Alice Singleton
 (15) PRESENT POSTOFFICE OF MOTHER Branch
 (16) COLOR OR RACE White
 (17) AGE AT LAST BIRTHDAY 35
 (18) BIRTHPLACE Waverly Co. I.C.
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 9:30 P.M. on the date above stated.
 (23) (Signature) B. A. Adams M.D.
 (24) State whether Physician or Midwife
 (25) Address of Physician or Midwife Branch

Given name added from a supplemental report

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

(27) Filed Sept 3, 22 (28) B. A. Adams
 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.