CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
38097

(1) PLACE OF BIRTH

County of Anderson

Township of .....

or

Inc. Town of ..... Registration District No. 3 Registered No. 347
(For use of Local Registrar)

or

City of ..... (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 Albert Brown — If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? [illegible]

(4) Twin or Triplet? — To be answered only in event of Twins or Triplets

(5) Number in order of birth 7

(6) Are Parents Married? [illegible]

(7) DATE OF BIRTH Nov. 21 1915 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Alex Brown

(9) PRESENT POSTOFFICE OF FATHER [illegible]

(10) COLOR OR RACE [illegible]

(11) AGE AT LAST BIRTHDAY [illegible] (Years)

(12) BIRTHPLACE [illegible]

(13) OCCUPATION [illegible]

(20) Number of children born to mother, including present birth [illegible]

MOTHER.

(14) NAME BEFORE MARRIAGE Alice Brown

(15) PRESENT POSTOFFICE OF MOTHER [illegible]

(16) COLOR OR RACE [illegible]

(17) AGE AT LAST BIRTHDAY 45 (Years)

(18) BIRTHPLACE Quinnell Ga.

(19) OCCUPATION Dom & Farm Labor

(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Calm at 10 P.M. on the date above stated. (Born alive or stillborn)

(23) (Signature) [illegible]

(24) State whether Physician or Midwife M. D.

(25) Address of Physician or Midwife [illegible]

Given name added from a supplemental report

....., 191....

..... Registrar

(26) Witness ..... (Signature of Witness [illegible] when question [illegible])

(27) Filed ..... [illegible]

*When there was no attending physician or midwife, [illegible] a child breathes even once, [illegible]

WRITE PLAINLY, WITH LAST DOING 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 5.

McCaw, of Columbia