

(1) PLACE OF BIRTH

County of Fairfield

Township of

or

Inc. Town of

City of Wilmington S.C.

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—for State Register Only

3770

Registration District No. 1911Registered No. 6
(For use of Local Registrar)

(2) Full Name of Child

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

3. BOY OR GIRL Girl 4. Twin or Triplet No 5. Number in order of birth 1 6. Age of Parent 100 7. DATE OF BIRTH Feb 13 1923
(Name of Month) (Day) (Year)

FATHER

8. FULL NAME James E. Brown9. PRESENT POSTOFFICE OF FATHER Wilmington S.C.10. COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 21 (Year)12. BIRTHPLACE South Carolina13. OCCUPATION Farmer14. Number of children born to father, including present birth 1

MOTHER

14. NAME BEFORE MARRIAGE Wagner15. PRESENT POSTOFFICE OF MOTHER Wilmington S.C.16. COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 21 (Year)18. BIRTHPLACE Fairfield County19. OCCUPATION Farmer20. Number of children of the mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive or stillborn at Wilmington S.C. on the date above stated.(22) (Signature) Midwife

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife

Given name added from a supplemental report

(25) Witness

(Signature of Witness necessary only when question 22 is signed by mother)

(26) Filed

27

(28) 6011

When there is no attending physician or midwife, then the father, householder, etc., should make this report. If a child branches even once, it must not be reported as stillborn. No report is needed of children before the sixth month of pregnancy.