

(1) PLACE OF BIRTH

County of LowndesTownship of LowndesCity of Lowndesville S.C.City of Lowndesville S.C.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 2018

File No. - For State Registrar Only

1997

Registration No. 8

(For use of Local Registrar)

No. 1 Ward

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

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

(2) Full Name of Child

(1) BOY OR GIRL BOY
 (2) Time of Birth To be answered only to extent of Ticks or Triangles
 (3) Number in order of birth 1

FATHER

(4) FULL NAME L. B. Brown
 (5) PRESENT POSTOFFICE OF FATHER Lowndesville S.C.
 (6) COLOR OR RACE W
 (7) BIRTHPLACE Lowndesville S.C.
 (8) OCCUPATION Farmer

(9) AGE AT LAST BIRTHDAY 45
 (10) NUMBER OF CHILDREN BORN TO MOTHER, INCLUDING PRESENT BIRTH 11

(11) Are Parents Married? Yes
 (12) DATE OF BIRTH Jan 10 1997
 (13) NAME BEFORE MARRIAGE Miller
 (14) PRESENT POSTOFFICE OF MOTHER Lowndesville S.C.
 (15) COLOR OR RACE W
 (16) BIRTHPLACE Lowndesville S.C.
 (17) OCCUPATION Farmer
 (18) AGE AT LAST BIRTHDAY 38
 (19) NUMBER OF CHILDREN BORN TO MOTHER, INCLUDING PRESENT BIRTH 1

(11) NAME BEFORE MARRIAGE Miller
 (12) DATE OF BIRTH Jan 10 1997
 (13) NAME BEFORE MARRIAGE Miller
 (14) PRESENT POSTOFFICE OF MOTHER Lowndesville S.C.
 (15) COLOR OR RACE W
 (16) BIRTHPLACE Lowndesville S.C.
 (17) OCCUPATION Farmer
 (18) AGE AT LAST BIRTHDAY 38
 (19) NUMBER OF CHILDREN BORN TO MOTHER, INCLUDING PRESENT BIRTH 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was born alive or stillborn
 on the date above stated.

(21) (Signature) [Signature]
 (22) State whether Physician or Midwife Physician

(23) Address of Physician or Midwife

Lowndesville S.C.

(24) Name and Address of Person Reporting

(25) Witness [Signature]
 (Signature of Witness necessary only when question 23 is signed by mark)

City Lowndesville Date Jan 10 1997 Local Registrar [Signature]

When there was no attending physician or midwife, the father, householder, etc., should make this return if a child was born alive or stillborn. No report is desired of stillbirths.