

(1) PLACE OF BIRTH

County of San Diego

Township of Escondido

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

(a) SEX OR CHILD Boy (b) Type or Name Infant

(c) FULL NAME Gary Brown

(d) PRESENT RESIDENCE OF FATHER Bishop

(e) COLOR OR RACE White

(f) BIRTHPLACE See Certificate

(g) OCCUPATION Farmer

(h) Number of children born to mother, including present birth 1

CERTIFICATE OF

(20) I hereby certify that I attended the child on the date above stated.

(21)

(22)

Given name added from a supplementary report

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Registrar

*When there was no attending physician or midwife, the father, householder, etc., should make this return. If a child breathes even once, it must be reported as stillborn. No report is desired of stillbirths before the seventh month of pregnancy.

DATE OF BIRTH

SOUTH CAROLINA
of Vital Statistics
Board of Health

District No. 3064

No. for this Register 21741

Registered No. 46
(For use of Local Registrar)

Give name of same instead of street and number.

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

(a) SEX OR CHILD Boy (b) Type or Name Infant (c) DATE OF BIRTH July 26, 1923

MOTHER

(10) NAME BEFORE MARRIAGE Emmie Bell

(11) PRESENT RESIDENCE OF MOTHER Bishop

(12) COLOR OR RACE White

(13) BIRTHPLACE See Certificate

(14) OCCUPATION Housewife

(15) Number of children of this mother now living, including present birth One

PHYSICIAN OR MIDWIFE

child, who was born (born alive or stillborn) at 11:30 A.M.

Mr. Florence A. Kiser
Physician or Midwife (23) Address of Physician or Midwife

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

Aug 5 - 1923 (24) Newton Elmore
Local Registrar

on the father, householder, etc., should make this return. If a child breathes even once, it must be reported as stillborn. No report is desired of stillbirths before the seventh month of pregnancy.