

(1) PLACE OF BIRTH

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CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

No. 12-For State Register 29235

Registration District No. 9 1/2

Registered No. 34
(For use of Local Registrar)

(No. St.) 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 Nancy G. Brown

DATE OF BIRTH July 15 1923
(Month) (Day) (Year)

(3) SEX OF CHILD Girl
(4) Type of Birth Normal
(5) Time of Birth 4:30
(6) Place of Birth Home
(7) Cause of Birth Normal
(8) Sex of Child Girl
(9) Type of Birth Normal
(10) Time of Birth 4:30
(11) Place of Birth Home
(12) Cause of Birth Normal

FATHER.

(13) FULL NAME Chas. Mary Brown

(14) PRESENT POSTOFFICE OF FATHER Mullins S C

(15) COLOR OR RACE W

(16) BIRTHPLACE Marion Co

(17) OCCUPATION Merchant

(18) Number of children born to mother, including present birth 3

MOTHER.

(19) NAME BEFORE MARRIAGE Mathie V. Collins

(20) PRESENT POSTOFFICE OF MOTHER Mullins S C

(21) COLOR OR RACE W

(22) BIRTHPLACE Marion Co

(23) OCCUPATION House wife

(24) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(25) I hereby certify that I attended the birth of this child, who was B. ... at 5 A. M.
(Born alive or stillborn) (Hour A. M. or P. M.)
Frank L. Martin
(Signature) (Address of Physician or Midwife)
(26) State whether Physician

Given name added from a supplemental report

Garnie Gairney

John F.

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

(28) Filed 9/20/23 (29) AM Mullins Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return before the fifth month of pregnancy. No report is desired of stillbirths before the fifth month of pregnancy.