

## (1) PLACE OF BIRTH

County of AlleghenyTownship of Williams

Inc. Town of .....

City of .....

(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

Registration District No. 4605Registered No. 38

(For use of Local Registrar)

(2) Full Name of Child David Brown (If child is not yet named, make supplemental report as directed)(3) BOY OR GIRL Boy (4) Twin or Triplet No (5) Number in order of birth 1st (6) Age Parents 42 (7) DATE OF BIRTH 8 July 23

FATHER		MOTHER	
(8) FULL NAME <u>Sam Brown</u>	(14) NAME BEFORE MARRIAGE <u>Lilia Brown</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Lurey</u>	(18) PRESENT POSTOFFICE OF MOTHER <u>Lurey SC</u>
(10) COLOR OR RACE <u>Ballard</u>	(16) COLOR OR RACE <u>Leahard</u>	(11) AGE AT LAST BIRTHDAY <u>35</u>	(17) AGE AT LAST BIRTHDAY <u>26</u>
(12) BIRTHPLACE <u>South Carolina</u>	(15) BIRTHPLACE <u>SC</u>	(13) OCCUPATION <u>Public Work</u>	(19) OCCUPATION <u>Farmer</u>
(20) Number of children born to mother, including present birth <u>4</u>	(21) Number of children of this mother now living, including present birth <u>4</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 5 P.M. on the date above stated.(23) (Signature) Sarah Hutcherson(24) State whether Physician or Midwife Midwife

(Given name added from a supplemental report)

(25) Witness R. J. Grant

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

(27) Filed July 18 23 (28) J. H. Hance

Local Registrar

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.