

(1) PLACE OF BIRTH

County of Laurens Co.Township of Little Creek

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. 2804

File No.—For State Registrar Only

43174

Registered No. 211
(For use of Local Registrar)(2) Full Name of Child John Brown (If child is not yet named, make supplemental report as directed)(3) BOY OR GIRL B (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Nov 5 1912
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Brutus L. Brown(9) PRESENT POSTOFFICE OF FATHER Laurens Co(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 21
(Years)(12) BIRTHPLACE Laurens Co(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Mable O. Stute(15) PRESENT POSTOFFICE OF MOTHER Laurens Co(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 24
(Years)(18) BIRTHPLACE Laurens Co(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born at 3:00 P.M.
on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) W. H. Stute(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Laurens Co

Given name added from a supplemental report

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

(27) Local Registrar W. H. Stute

*When there is no supplemental report, the father, household, etc., should make this return. If a child is born stillborn, a report is desired of stillbirths.