

(1) PLACE OF BIRTH

County of... ChesterTownship of Richland

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

No. 684

Registration District No. 1100Registered No. 1100

(For use of Local Registrar)

(2) Full Name of Child Lillie Brown

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

(1) SEX OR GIRL	(2) Type or Triplet	(3) Number in Order of Birth	(4) Are Twins Marked	(5) DATE OF BIRTH
<u>girl</u>	<u>1</u>	<u>1</u>	<u>yes</u>	<u>Jan 13 1923</u>

FATHER.

(1) FULL NAME Edde Brown(2) PRESENT RESIDENCE OF FATHER Chester S.C.(3) COLOR negro (4) AGE AT LAST BIRTHDAY 40(5) BIRTHPLACE Richland county(6) OCCUPATION Painter(7) Number of children born to mother, including present birth 1

MOTHER.

(1) NAME BEFORE MARRIAGE Abby Jones(2) PRESENT RESIDENCE OF MOTHER Chester S.C.(3) COLOR negro (4) AGE AT LAST BIRTHDAY 21(5) BIRTHPLACE Chester county(6) OCCUPATION Housewife(7) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(28) I hereby certify that I attended the birth of this child, who was... alive... at... 5:30 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(29) (Signature) W. J. Walls

(30) State whether Physician or Midwife

Physician or Midwife

(31) Address of Physician or Midwife

PhysicianChester, S.C.

(32) Given name added from a supplemental report

(33) Witness (Signature of Witness necessary only when question 28 is signed by mark)

(34) Filed Jan 13 1923 (35) J. A. Cornwell 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.

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