

Form No. 1

(1) PLACE OF BIRTH

County of SpartanburgTownship of Paolior
Inc. Town ofor
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

File No.—For State Registrar Only

30231

Registration District No. 4006 Registered No. 108
(For use of Local Registrar)

(2) Full Name of Child

Ruby Brown

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

(1) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>9-26-23</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME P. A. Brown(9) PRESENT POSTOFFICE OF FATHER Trough S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 40 (Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Mill-Spinner(20) Number of children born to mother, including present birth 7

MOTHER.

(14) NAME BEFORE MARRIAGE Corie Henderson(15) PRESENT POSTOFFICE OF MOTHER Trough S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 34 (Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was alive at 8:2 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) M. S. Kirk(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Paoli, S.C.

(Given name added from a supplemental report)

(26) Witness

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

(27) Filed Oct. 10 19 23 (28) M. W. Brown 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.