(1) PLACE OF BIRTH

County of Anderson

Township of .....

or

Inc. Town of Williamston

or

City of .....

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only 88445

Registration District No. 3-C Registered No. 109
(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.)

(2) Full Name of Child Robert Hughey Browning

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

(3) BOY OR GIRL? Boy

(4) Twin or Triplet? (5) Number in order of birth — To be answered only in event of Twins or Triplets

(6) Are Parents Married? yes

(7) DATE OF BIRTH Dec. 15 1923 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Bert Browning

(9) PRESENT POSTOFFICE OF FATHER Williamston, S.C.

(10) COLOR OR RACE white

(11) AGE AT LAST BIRTHDAY 29 (Years)

(12) BIRTHPLACE Williamston S.C.

(13) OCCUPATION Mill op.

(20) Number of children born to mother, including present birth one

MOTHER.

(14) NAME BEFORE MARRIAGE Ora May Hughey

(15) PRESENT POSTOFFICE OF MOTHER Williamston S.C.

(16) COLOR OR RACE white

(17) AGE AT LAST BIRTHDAY 21 (Years)

(18) BIRTHPLACE Williamston S.C.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 A.M. (Hour, A. M. or P. M.) on the date above stated.

(23) (Signature) A R Taylor MD

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Williamston S.C.

Given name added from a supplemental report

..... 19 ....
Registrar

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

(27) Filed 1-9- 1924 (28) Delian Russell
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.

Registrar

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