

(1) PLACE OF BIRTH

County of Deuster

Township of

or
Inc. Town ofor
City of Deuster

(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

22692

Registration District No. H. I. A. Registered No. 119
(For use of Local Registrar)(No. 341 W. Calhoun St.; Ward)(2) Full Name of Child Elizabeth Barrett Browning

(3) SEX OF CHILD <u>Girl</u>	(4) Twin or Triplet <input checked="" type="checkbox"/>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married <u>yes</u>	(7) DATE OF BIRTH <u>July 17, 1923</u> (Name of Month) (Day) (Year)
---------------------------------	--	--	---------------------------------------	---

FATHER.

(8) FULL NAME William Oram Browning(9) PRESENT POSTOFFICE OF FATHER Deuster S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 38 (Year)(12) BIRTHPLACE Vandalia Ill(13) OCCUPATION City Health Officer(14) Number of children born to mother, including present birth 2

MOTHER.

(15) NAME BEFORE MARRIAGE Carrie Coleman Smith(16) PRESENT POSTOFFICE OF MOTHER Deuster S.C.(17) COLOR OR RACE White (18) AGE AT LAST BIRTHDAY 35 (Year)(19) BIRTHPLACE Indian Township Georgia(20) 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
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) A. China

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Deuster 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 Aug. 5, 1923 (28) W. O. Browning 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.