

3/28/45

money rec'd.
M. L.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate.)

U. S. Dept. of Commerce
Bureau of the Census

1. PLACE OF BIRTH

County of OrangeburgTownship of Goodland

or

Inc. Town of _____

or

City of _____

(If birth occurs in a hospital or other institution, give name of same instead of street and number)

2. FULL NAME OF CHILD

P. L. Brown Jr.

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

3. Boy or Girl

If Plural
births

4. Twins, triplets or other.....

6. Premature

7. Are Parents

8. Date of birth

July 9th, 1942
(Month-day, year)

5. Number, in order of birth.....

Full term

Married?

9. Full
name

FATHER

R. L. Brown, Sr.10. Residence (mailing address) Springfield, S.C.
(If non-resident, give place and State)11. Color or race..... white12. Age at last birthday... 53..... (years)13. Birthplace (city or place) Orangeburg Co.
(State or country)14. Trade, profession or particular
kind or work done, as spinner,
lawyer, bookkeeper, etc.....farmer15. Industry or business in which
work done, as silk mill, sawmill,
bank, etc.16. Date (month and year) last
engaged in this work194317. Total time (years)
spent in this work... 30.....18. Name before
marriage

MOTHER

Nellie M. Bailey19. Residence (mailing address) Springfield, S.C.
(If non-resident, give place and State)20. Color or race..... white21. Age at last birthday... 49..... (years)22. Birthplace (city or place) Orangeburg County
(State or country)23. Trade, profession, or particular
kind of work done, as house-
keeper, typist, nurse, clerk, etc.....housewife24. Industry or business in which
work was done, as own home,
lawyer's office, silk mill, etc.....housewife25. Date (month and year) last
engaged in this workMarch, 194526. Total time (years)
spent in this work.....2527. Number of children of this mother
(At time of birth and including this child (a) Born alive and now living... 9..... (b) Born alive but now dead... 1..... (c) Stillborn... 0.....28. If stillborn,
period of gestation..... { months
weeks

29. Cause of stillbirth.....

{ Before labor.....
During labor.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was born at 10:00 p. m. on the date above stated.{ When there was no attending physician
or midwife, then the father, householder
etc., should make this return.Given name added from
a supplementary report

(Date of)

Registrar.

(Signed Nellie M. Brown, Parent
or _____, GuardianAddress _____
Filed April 6, 1945 L.A. Riser, M.D.

Registrar.