

## (1) PLACE OF BIRTH

County of Piedmont

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

2760

Township of

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.)

Registration District No. 3 BRegistered No. 11  
(For use of Local Registrar)(2) Full Name of Child Jerry Robt. Browning

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

(3) SEX OF CHILD <u>Boy</u>	(4) Type of Report <u>To be covered only in event of Twin or Triplet</u>	(5) Number in order of birth	(6) Age of Mother <u>23</u>	(7) DATE OF BIRTH <u>Feb 1923</u> (Month of Month) (Day) (Year)
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## FATHER.

(8) NAME OF FATHER Ernest Browning(9) PRESENT RESIDENCE OF FATHER Piedmont S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 23 (Year)(12) BIRTHPLACE N.C.(13) OCCUPATION Miss work(14) Number of children born to mother, including present birth 3

## MOTHER.

(14) NAME OF MOTHER Ellen White(15) PRESENT RESIDENCE OF MOTHER Piedmont S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 22 (Year)(18) BIRTHPLACE S.C.(19) OCCUPATION Domestic(20) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was White 5:30 P.M. on the date above stated. (Sex and color of child) (Hour A.M. or P.M.)(22) (Signature) [Signature]  
(23) State of South Carolina (24) Address of Physician or Midwife [Address]

Given name added from a supplemental report

(25) Witness [Signature]  
(Signature of witness necessary only when question is to signed by birth)(26) Date Feb 7, 1923 (27) Signature of Registrar [Signature]

\*When there was no attending physician, midwife, or other person, the mother, or other person, should make this return. If a child breathes even once, it is considered as born. No report is desired of stillbirths unless the mother is pregnant.