

(1) PLACE OF BIRTH

County of Lancaster

Township of

or Grill Creek

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 Arman Ray Brown

(a) SEX OF CHILD	(b) AGE OF CHILD	(c) DATE OF BIRTH	(d) TIME OF BIRTH	(e) WEIGHT OF CHILD
Male	2 1/2 years	28 Oct 1924	2:00 PM	16 lbs

FATHER		MOTHER	
(1) FULL NAME	<u>Willie Ray</u>	(1) FULL NAME	<u>Bennie Brown</u>
(2) PLACE OF BIRTH	<u>Lancaster SC</u>	(2) PLACE OF BIRTH	<u>Lancaster SC</u>
(3) COLOR	<u>Negro</u>	(3) COLOR	<u>Negro</u>
(4) AGE AT LAST BIRTH	<u>25</u>	(4) AGE AT LAST BIRTH	<u>25</u>
(5) OCCUPATION	<u>Farmer</u>	(5) OCCUPATION	<u>Farmer</u>
(6) NUMBER OF CHILDREN BORN TO FATHER	<u>5</u>	(6) NUMBER OF CHILDREN BORN TO MOTHER	<u>5</u>

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

(11) Signature of Physician or Midwife W. H. Brown (12) Address of Physician or Midwife Lancaster SC

Given under my hand and seal of office this 28 day of October 1924

Attest: W. H. Brown