

(1) PLACE OF BIRTH

County of DillonTownship of Harleessee

Inc. Town of

City of

(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

Registration District No. 1602

File No.—For State Registrar Only

17402Registered No. 65
(For use of Local Registrar)(2) Full Name of Child James Brown

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

(3) SEX OR Boy (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH June 7th 23
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Ed Brown(9) PRESENT POSTOFFICE OF FATHER Mountain S.C.(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 22
(Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth Three

MOTHER.

(15) NAME BEFORE MARRIAGE Gertrude Alford(16) PRESENT POSTOFFICE OF MOTHER Mountain S.C.(17) COLOR OR RACE Black (18) AGE AT LAST BIRTHDAY 21
(Years)(19) BIRTHPLACE S.C.(20) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 2 P.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Sallie Hayes(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Mountain 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 June 15 23 (28) B. P. Hardy 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.