

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 4.
Bureau of Columbia, Columbia, S. C.

(1) PLACE OF BIRTH
 County of Corryfield
 Township of Cheraw
 or
 Inc. Town of.....
 or
 City of..... (No. St.; Ward)
 (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
23937

Registration District No. 1201 Registered No. 2091
 (For use of Local Registrar)

(2) Full Name of Child Billie Brown (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet To be covered only in case of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>Aug. 12, 1923</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>William Brown</u>			(14) NAME BEFORE MARRIAGE <u>Billie Brown</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Cheraw S C</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Cheraw S C</u>	
(10) COLOR OR RACE <u>Black</u>	(11) AGE AT LAST BIRTHDAY <u>35</u> (Years)	(16) COLOR OR RACE <u>Black</u>	(17) AGE AT LAST BIRTHDAY <u>24</u> (Years)	(18) BIRTHPLACE <u>S C</u>
(12) BIRTHPLACE <u>S C</u>			(19) OCCUPATION <u>Farm laborer</u>	
(20) Number of children born to mother, including present birth <u>3</u>			(21) Number of children of this mother now living, including present birth <u>3</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was... Alive ... at... 12 P. M. ...
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) William Brown
 (24) State whether Physician or Midwife
 (25) Address of Physician or Midwife
Cheraw 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. 20, 1923 (28) P. J. Ingram
 Registrar 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.