

(1) PLACE OF BIRTH

County of Spartanburg
 Township of Spartanburg
 or
 Inc. Town of
 or
 City of Spartanburg

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

32363

Registration District No. 4008 Registered No. 334
 (For use of Local Registrar)

(No. R2 St.; Ward)

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

(3) BOY OR GIRL Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? yes

(7) DATE OF BIRTH Sept 20 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Charles Brown

(9) PRESENT POSTOFFICE OF FATHER Spartanburg R2 SC

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 26
 (Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farmer

(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Essie Smith

(15) PRESENT POSTOFFICE OF MOTHER Spartanburg R2 SC

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 21
 (Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Housewife

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 11 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. H. Chapman

(24) State whether Physician or Midwife Phys

(25) Address of Physician or Midwife Spartanburg 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 Sept 26 1922 (28) Mrs. F. T. Parker 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.

MARRIAGE REGISTERED FOR FULL INDEXING
 WRITING PLAINLY. WITH UNFADING INK—THIS IS A NECESSARY PRECAUTION FOR YOUR OWN PROTECTION.
 No. 10—State of South Carolina, Columbia, S.C.
 PERMITS NO. 1 THIS OFFICE, NO. 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100.