

(1) PLACE OF BIRTH

County of York

Township of

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 HealthRegistration District No. Registered No. 1811
(For use of Local Registrar)(2) Full Name of Child Leon Brown Jr If child is not yet named, make supplemental report as directed(3) SEX Male (4) Type or Triplet 2 (5) Number in order of birth 2 (6) Are Parents Married Yes (7) DATE OF BIRTH Feb 19 1933
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Leon Brown(9) PRESENT POSTOFFICE OF FATHER Winnabow(10) COLOR OR RACE Blk (11) AGE AT LAST BIRTHDAY 23
(Year)(12) BIRTHPLACE York(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth one

MOTHER.

(14) NAME BEFORE MARRIAGE Jane Harman(15) PRESENT POSTOFFICE OF MOTHER York(16) COLOR OR RACE Blk (17) AGE AT LAST BIRTHDAY 22
(Year)(18) BIRTHPLACE York(19) OCCUPATION Farmer(21) Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 11 M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Jane Harman (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

Ch. L. L... 19 ...
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 19 ... (28) 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.