

(1) PLACE OF BIRTH

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

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

Registration District No. 1702 Registered No. 16
 (For use of Local Registrar)

(2) Full Name of Child

(3) SEX OF CHILD <u>Boy</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Age Parents Married <u>yes</u>	(7) DATE OF BIRTH <u>June 2, 1923</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Robert W. Brown</u>			(14) NAME BEFORE MARRIAGE <u>Robert W. Brown</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Summerville</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Summerville</u>	
(10) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY (Year)	(16) COLOR OR RACE <u>white</u>	(17) AGE AT LAST BIRTHDAY (Year)	
(12) BIRTHPLACE <u>Summerville</u>			(18) BIRTHPLACE <u>Summerville</u>	
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) JUN 30 1923

ED. P. LAWTON,
 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.

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