

(1) PLACE OF BIRTH

County of Mecklenburg

Township of White Horse

or  
Inc. Town of White Horse

or  
City of White Horse

(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

No. 28580 - For State Registrar Only

Registered No. 22090  
(For use of Local Registrar)

Registration District No. RR # 7

St. 1 Ward 1

(2) Full Name of Child Arthur Henry Brewer

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

(3) SEX OF CHILD Boy

(4) Twin or Triplet No  
To be answered only in event of Twin or Triplet

(5) Number in order of birth 1

(6) Are Parents Married Yes

(7) DATE OF BIRTH Sept 12 1923  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Joyner Lewis Brewer

(9) PRESENT POSTOFFICE OF FATHER White Horse S.C.

(10) COLOR OR RACE W.

(11) AGE AT LAST BIRTHDAY 41  
(Year)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Carpenter

(20) Number of children born to mother, including present birth 10

MOTHER.

(14) NAME BEFORE MARRIAGE Julia Lillian Beloth

(15) PRESENT POSTOFFICE OF MOTHER Same

(16) COLOR OR RACE W.

(17) AGE AT LAST BIRTHDAY 38  
(Year)

(18) BIRTHPLACE S.C.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 8

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 (Home, A. M. or P. M.))

(23) (Signature) [Signature]

(24) State whether Physician or Midwife Physician

(25) Address of Physician or Midwife White Horse S.C.

Given name added from a supplemental report

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

(27) Filed Sept 15 23 at White Horse 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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