

(1) PLACE OF BIRTH

County of FlorenceTownship of Lake CityInc. Town of Lake CityCity of Lake City

(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. 1a.—For State Registrar Only

24407

Registration District No. 206Registered No. 25

(For use of Local Registrar)

(2) Full Name of Child

Elmer Brown Jr.

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

(3) SEX Boy (4) Type 1 (5) Number in 1 (6) Are Yes (7) DATE OF BIRTH Aug 16 1923
 (To be answered only in event of Twins or Triplets) (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Elmer P. Brown(9) PRESENT POSTOFFICE OF FATHER Lake City S.C.(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 25 (Year)(12) BIRTHPLACE S.C.(13) OCCUPATION job work(20) Number of children born to mother, including present birth 1

MOTHER

(14) NAME BEFORE MARRIAGE Ella Graham(15) PRESENT POSTOFFICE OF MOTHER Lake City S.C.(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 21 (Year)(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 Born alive at S.P. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) S. B. W. Oseeshley(24) State whether Physician or Midwife(25) Address of Physician or Midwife Lake City S.C.

Given name added from a supplemental report

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

(27) Filed 7/20/23 (28) Local Registrar R. L. Carter

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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