

PLACE OF BIRTH

County of Florence
 Township of Lake
 or
 the Town of

CERTIFICATE OF BIRTH

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

82181

Registration District No. 2001 Registered No. 117
 (For use of Local Registrar)

City of (No. St.) Ward
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(1) Full Name of Child Nellie Lee Brown If child is not yet named, make supplemental report as soon as name is given

(2) SEX OF CHILD Boy (3) TIME OF BIRTH 11:00 AM (4) DATE OF BIRTH Sept 6, 1929

FATHER: (5) NAME BEFORE MARRIAGE Henry Brown (6) PRESENT RESIDENCE OF FATHER Lee S. Co (7) COLOR OR RACE Black (8) AGE AT LAST BIRTHDAY 34 (9) BIRTHPLACE Hillmanburg (10) OCCUPATION Farm

MOTHER: (11) NAME BEFORE MARRIAGE Lula Singletary (12) PRESENT RESIDENCE OF MOTHER Lee S. Co (13) COLOR OR RACE Black (14) AGE AT LAST BIRTHDAY 29 (15) BIRTHPLACE Hillmanburg (16) OCCUPATION Wife

(17) Number of children born to mother, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(18) I hereby certify that I attended the birth of this child, who was Alive at 1 A. M. on the date above stated. (Born alive or stillborn) (Sign A. M. or P. M.)

(19) (Signature) Midwife (20) Name of Physician or Midwife Maria Hughes (21) Address of Physician or Midwife Lee S. Co

Given name added from a supplemental report (22) Witness (Signature of witness necessary only when question 18 is signed by mother) (23) Date 9/11/29 Registrar

When there was no attending physician or midwife, then the father, mother, or other person present at the birth, if a child breathes even once, it must not be reported as stillborn.