

(1) PLACE OF BIRTH

County of Chester

Township of

or
Inc. Town ofor
City of Chester

(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

File No.—For State Registrar Only

17108

Registration District No. 11A Registered No. 43

(For use of Local Registrar)

St.; Ward

(2) Full Name of Child Wally B. Brown If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1st (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 1 1923 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Rev. Wm. Brown(9) PRESENT POSTOFFICE OF FATHER Chester S.C.(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 55 (Years)(12) BIRTHPLACE Blackstock(13) OCCUPATION preaching & farmer(20) Number of children born to mother, including present birth 19

MOTHER.

(14) NAME BEFORE MARRIAGE Fannie Hooley(15) PRESENT POSTOFFICE OF MOTHER Chester S.C.(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 61 (Years)(18) BIRTHPLACE Lewis S.C.(19) OCCUPATION Farmer(21) Number of children of this mother now living, including present birth 17

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 5 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. H. Wallis(24) State whether Physician or Midwife (25) Address of Physician or Midwife Chester, S.C.

Given name added from a supplemental report

(26) Witness

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

(27) File

Jan 18 1923

(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.

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