

(1) PLACE OF BIRTH

County of SpartanburgTownship of Unionor
Inc. Town ofor
City of

(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

22762

Registration District No.

Registered No. 78
(For use of Local Registrar)(2) Full Name of Child Williams, Brian

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

(3) BOY OR
GIRL Boy(4) Twin
or Triplet(5) Number in
order of birth
To be answered only in event of Twin or Triplet(6) Are
Parents
Married Yes(7) DATE OF
BIRTH July 1, 1923
(Month of Birth) (Day) (Year)

FATHER.

(8) FULL
NAME John W. Brown(9) PRESENT
POSTOFFICE
OF FATHER Sumter(10) COLOR
OR
RACE Colored(11) AGE AT LAST
BIRTHDAY 21
(Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer(14) Number of children born to
mother, including present birth 1

MOTHER.

(14) NAME BEFORE
MARRIAGE Elease Brand(15) PRESENT
POSTOFFICE
OF MOTHER Sumter(16) COLOR
OR
RACE Colored(17) AGE AT LAST
BIRTHDAY 19
(Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Midwife(20) Number of children of this mother
now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was Born alive at 3 P. M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) Mrs. Susan Laws(23) State whether Physician or Midwife Midwife(24) Address of Physician or Midwife Sumter S.C.(25) Given name added from a supplement-
tal report(26) Witness (Signature of Witness necessary only
when question 23 is signed by mark)(27) Filed 19(28) Local Registrar C. H. EganWhen 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.