

(1) PLACE OF BIRTH

County of Colleton  
Township of .....  
Inc. Town of Cottageville  
City of .....

CERTIFICATE OF BIRTH

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

No. ~~31000~~ - For State Register Only

~~31000~~

Registered No. 35498

(For use of Local Registrar)

Registration District No. ~~1000~~ MUS

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

(2) Full Name of Child Do not know

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

3) BOY OR GIRL boy 4) Type of Twins 1 5) Number in order of birth 2 6) Sex of Person Yes 7) DATE OF BIRTH 9-11-23  
(Name of Month) (Day) (Year)

FATHER  
8) FULL NAME Clifton Brown  
9) PRESENT RESIDENCE OF FATHER St George 2c  
10) COLOR OR RACE white 11) AGE AT LAST BIRTHDAY 36  
(Year)  
12) BIRTHPLACE St George 2c  
13) OCCUPATION Farmer  
14) Number of children born to mother, including present birth 2

MOTHER  
14) NAME BEFORE MARRIAGE Ray Jaque  
15) PRESENT RESIDENCE OF MOTHER St George 2c  
16) COLOR OR RACE white 17) AGE AT LAST BIRTHDAY 32  
(Year)  
18) BIRTHPLACE Cottageville 2c  
19) OCCUPATION Housewife  
20) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) W. E. Johnston

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

(Given name added from a supplemental report)

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

(27) Filed Nov 10 23 (28) Betty Jennings 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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