

Form No. 1

## (1) PLACE OF BIRTH

County of Spartanburg  
 Township of Pacolet  
 or  
 Inc. Town of .....  
 or  
 City of .....

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only  
**30230**

Registration District No. 1006 Registered No. 109  
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Harold Watson Brown If child is not yet named, make supplemental report as directed

3) BOY OR GIRL <u>Boy</u>	4) Twin or Triplet To be answered only in case of Twin or Triplet	5) Number in order of birth	6) Are Parents Married <u>yes</u>	7) DATE OF BIRTH <u>9-4-23</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
8) FULL NAME <u>Ernest Brown</u>			14) NAME BEFORE MARRIAGE <u>Betha A. Genovles</u>	
9) PRESENT POSTOFFICE OF FATHER <u>Pacolet S.C.</u>			15) PRESENT POSTOFFICE OF MOTHER <u>Pacolet S.C.</u>	
10) COLOR OR RACE <u>White</u>			16) COLOR OR RACE <u>White</u>	
11) AGE AT LAST BIRTHDAY <u>28</u> (Years)			17) AGE AT LAST BIRTHDAY <u>29</u> (Years)	
12) BIRTHPLACE <u>S.C.</u>			18) BIRTHPLACE <u>S.C.</u>	
13) OCCUPATION <u>Farmer</u>			19) OCCUPATION <u>Housewife</u>	
20) Number of children born to mother, including present birth <u>2</u>			21) Number of children of this mother now living, including present birth <u>2</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 99 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) M. D. Kirkpatrick(24) State whether Physician or Midwife(25) Address of Physician or Midwife Pacolet S.C.

(Given name added from a supplemental report)

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

(27) Filed Oct. 10 1923 (28) M. W. Brown 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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 WHEN PLACED IN THE POSITION SHOWN, THIS CARD WILL BE PLACED IN THE POSITION SHOWN IN THE PHOTOGRAPH OF THE CHILD, AND WHEN PLACED IN THE POSITION SHOWN IN THE PHOTOGRAPH OF THE CHILD, IT WILL BE PLACED IN THE POSITION SHOWN IN THE PHOTOGRAPH OF THE CHILD.