

## (1) PLACE OF BIRTH

County of FlorenceTownship of Saludaor  
Inc. Town of .....or  
City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. 1a.—For State Registrar Only

3862

Registration District No. 2009 Registered No. 14  
(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 Saunders D. Brown If child is not yet named, make supplemental report as directed3 BOY OR GIRL Boy 4 Type or Token To be answered only in event of Twin or Triple 5 Number or of Birth 1 6 Are Parents Married Yes 7 DATE OF BIRTH Feb. 11, 1923  
(Name of Month) (Day) (Year)

## FATHER.

8 FULL NAME Geo. Marion Brown9 PRESENT RESIDENCE OF FATHER S.C.10 COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 39  
(Year)12 BIRTHPLACE S.C.13 OCCUPATION Farmer14 Number of children born to mother, including present birth 3

## MOTHER.

14 NAME BEFORE MARRIAGE May Sumner15 PRESENT RESIDENCE OF MOTHER S.C.16 COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 21  
(Year)18 BIRTHPLACE N.C.19 OCCUPATION Housewife(20) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(21) I hereby certify that I attended the birth of this child, who was born alive 79.46  
on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)(22) (Signature) J. B. W. Darnley  
(23) State whether Physician or Midwife (24) Address of Physician or Midwife

Give name added from a supplemental report

James DarnleyJohn H. Darnley

(25) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(26) Date 2/18, 1923 (27) Local Registrar R. L. Carter

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.