

(1) PLACE OF BIRTH

County of CalhounTownship of Lugans

or

Inc. Town of

or

City of

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

(2) Full Name of Child Albert Fugal Brown Jr

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

(3) BOY OR GIRL? Boy(4) Twin or Triplet? —

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? yes

(7) DATE OF BIRTH

Registered No. 1
(For use of Local Registrar)

FATHER.

(8) FULL NAME Albert Fugal Brown(9) PRESENT POSTOFFICE OF FATHER Ellore SC(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 24 (Years)(12) BIRTHPLACE SC(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Susie Mattie Grantman(15) PRESENT POSTOFFICE OF MOTHER Ellore SC(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY ✓ (Years)(18) BIRTHPLACE SC(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 1:15 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) H. Withers(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Ellore, 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 1-17-23(28) W. F. Keller

Local Registrar

*Wh

AFF NEXT FRAME

ther, householder, etc., should make this return. If stillborn. No report is desired of stillbirths pregnancy.

C. C. Smith

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

22 050185

Registration District No. 802Registered No. 1
(For use of Local Registrar)

(No. St.; Ward)