

(1) PLACE OF BIRTH.

County of

Township of

Inc. Town of

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

(3) SEX OR <u>MALE</u>	(4) Twin or Triplet? To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Nov. 10, 1923</u> (Name of Month) (Day) (Year)
FATHER.				
(8) FULL NAME <u>Warren Brown</u>				
(9) PRESENT POSTOFFICE OF FATHER <u>Cooper S.C.</u>				
(10) COLOR OR RACE <u>Black</u> (11) AGE AT LAST BIRTHDAY <u>28</u> (Years)				
(12) BIRTHPLACE <u>Cooper S.C.</u>				
(13) OCCUPATION <u>Farming</u>				
(14) Number of children born to mother, including present birth <u>4</u>				
MOTHER.				
(14) NAME BEFORE MARRIAGE <u>Jamie Cooper</u>				
(15) PRESENT POSTOFFICE OF MOTHER <u>Cooper S.C.</u>				
(16) COLOR OR RACE <u>Black</u> (17) AGE AT LAST BIRTHDAY <u>25</u> (Years)				
(18) BIRTHPLACE <u>Cooper S.C.</u>				
(19) OCCUPATION <u>House wife</u>				
(21) Number of children of this mother now living, including present birth <u>4</u>				

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was alive at 9 A.M. (Born alive or stillborn) (Hour A. M. or P. M.)(24) State whether Physician or Midwife (25) Address of Physician or Midwife Cooper 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 Nov. 11, 1923 (28) Y. B. Smith 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.