

(1) PLACE OF BIRTH

County of Dorchester
 Township of Broadmoor
 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 Lorraine Brown3 BOY OR
GIRL GIRL4 Twin
or Triplet
To be answered only in event of Twins or Triplets

CERTIFICATE OF BIRTH

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

File No.—For State Register Only

32000Registration District No. 1704 Registered No. 16
 (For use of Local Registrar)

St. Ward)

(No.

If child is not yet named, make
 supplemental report as directed(6) Are
Parents
Married Yes(7) DATE OF
BIRTH Sept 27, 1943
 (Name of Month) (Day) (Year)8 FULL
NAME Fenton Brown9 PRESENT
POSTOFFICE
OF FATHER St. George10 COLOR
OR
RACE Black11 BIRTHPLACE South Carolina12 OCCUPATION Farmer20 Number of children born to
mother, including present birth 1 3

MOTHER.

14 NAME BEFORE
MARRIAGE Fannie Brice16 PRESENT
POSTOFFICE
OF MOTHER St. George17 COLOR
OR
RACE Black18 BIRTHPLACE S.C.19 OCCUPATION Homemaker21 Number of children of this mother
now living, including present birth 1 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 11:00 A.M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Ella M. Brown(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife
Midwife St. GeorgeGiven name added from a supplement-
tal report19
Registrar(26) Witness (Signature of Witness necessary only
 when question 23 is signed by mark)(27) Filed Nov 10 1943 (28) Ella M. 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.