

(1) PLACE OF BIRTH

County of H. A. S. C. S. C.Township of Black StackInc. Town of BlackCity of Black

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. - For State Registrar Only

3731

Registration District No. 194 Registered No. 13

(For use of Local Registrar)

(No. 13 Ward 1)
If birth occurs in a hospital or other institution, give name of same instead of street and number.(2) Full Name of Child Earl Bell Brown If child is not yet named, make supplemental report as directed3) BOY OR GIRL girl 4) Twin or Triplet No 5) Number in order of birth 1 6) Are Parents Married? Yes 7) DATE OF BIRTH Jan 10 1923
(Month) (Day) (Year)

FATHER.

8) FULL NAME John Brown9) PRESENT POSTOFFICE OF FATHER Black Stack10) COLOR OR RACE Black 11) AGE AT LAST BIRTHDAY 25 (Year)12) BIRTHPLACE Black Stack13) OCCUPATION Farming20) Number of children born to mother, including present birth 3

MOTHER.

14) NAME BEFORE MARRIAGE Lela Picketh15) PRESENT POSTOFFICE OF MOTHER Black Stack16) COLOR OR RACE Black 17) AGE AT LAST BIRTHDAY 25 (Year)18) BIRTHPLACE Black Stack19) OCCUPATION Farming helper21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born at 3 A. M. on the date above stated. (Born alive or stillborn Hour M or P. M.)(23) (Signature) Earl Bell Brown(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Black Stack

(When name added from a supplemental report)

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

(27) Date Feb 20 1923 (28) W. G. Adams

When there was no attending physician or midwife, then the father, householder, etc. should make the report. If a child breathes even once, it must be reported as born. The report is desired of mothers before the first month of pregnancy.