

(1) PLACE OF BIRTH

County of *York*

Township of *Rock*

Inc. Town of

City of

CERTIFICATE OF BIRTH

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

Registration District No. *2701*

File No. - For State Registrar Only  
*4290*

Registered No. *1*  
(For use of Local Registrar)

(No. *2701* St. *1* 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 *William Brown*

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

1. SEX OF CHILD *Male*  
(4) Twin or Triplet *No*  
(5) Number in order of birth *1*  
To be answered only in case of Twin or Triplet

(6) Are Parents Married *Yes*  
(7) DATE OF BIRTH *Feb 11 23*  
(Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME *Carlos Brown*

MOTHER.  
(14) NAME BEFORE MARRIAGE *Janie Erwin*

(9) PRESENT POSTOFFICE OF FATHER *Laurens*

(15) PRESENT POSTOFFICE OF MOTHER *Laurens*

(10) COLOR OR RACE *Col*  
(11) AGE AT LAST BIRTHDAY *44* (Year)

(16) COLOR OR RACE *Col*  
(17) AGE AT LAST BIRTHDAY *44* (Year)

(12) BIRTHPLACE *Col*

(18) BIRTHPLACE *Col*

(13) OCCUPATION *Farmer*

(19) OCCUPATION *Housewife*

(10) Number of children born to mother, including present birth *3*

(21) 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 alive* at *Laurens* S.C. on the date above stated. (Born alive or stillborn) Hour *10* M. or P. M.

(23) (Signature) *Janie Erwin*  
(24) State whether Physician or Midwife *Midwife* (25) Address of Physician or Midwife *Laurens*

When there was supplemental report

Signature of Witness necessary only when question 22 is signed "mark"  
*W. H. Nelson* (26) Local Registrar

When there was supplemental report, householder, etc., should make this return. No report is desired of stillbirths or pregnancy.