

(1) PLACE OF BIRTH

County of Wm.burgTownship of 1st

Inc. Town of

City of

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

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

22856

Registration District No. 4302 Registered No. 34
(For use of Local Registrar)(2) Full Name of Child Anna B. Brown If child is not yet named, make supplemental report as directed(3) BOY OR GIRL girl (4) Twin or Triplet (5) Number in order of birth (6) Are Parents Married Yes (7) DATE OF BIRTH July 3 1923
(Name of Month) (Day) (Year)

FATHER.

(9) FULL NAME N. Marshall Brown(10) PRESENT POSTOFFICE OF FATHER Hingtree S.C.(11) COLOR OR RACE Negro (12) AGE AT LAST BIRTHDAY 28 (Year)(13) BIRTHPLACE Wm.burg Co. S.C.(14) OCCUPATION Farmer(15) Number of children born to mother, including present birth 1 2

MOTHER.

(16) NAME BEFORE MARRIAGE Estelle M. C. Gray(17) PRESENT POSTOFFICE OF MOTHER Hingtree S.C.(18) COLOR OR RACE Negro (19) AGE AT LAST BIRTHDAY 24 (Year)(20) BIRTHPLACE Wm.burg Co. S.C.(21) OCCUPATION Housekeeper(22) Number of children of this mother now living, including present birth 1 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was alive at 9 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(24) (Signature) Verline L. Shan (25) Address of Physician or Midwife Hingtree(26) State whether Physician or Midwife Midwife

Given name added from a supplemental report

(27) Witness Nathaniel Brown (Signature of Witness necessary only when question 23 is signed by mark)(28) Filed July 12 1923 (29) B. E. Giesbrecht 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.