

(1) PLACE OF BIRTH

County of AsheTownship of Suburbanor
Inc. Town ofor
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

Registration District No. 210File No. - For State Registrar Only
26876Registered No. 10
(For use of Local Registrar)(2) Full Name of Child Archie Brown

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

(3) SEX OF CHILD <u>Girl</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>Sept 12 23</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Irish Brown</u>			(14) NAME BEFORE MARRIAGE <u>Pennick</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Jackson SC</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Jackson SC</u>	
(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>35</u> (Years)	(18) COLOR OR RACE <u>Negro</u>		
(19) BIRTHPLACE <u>CA SC</u>		(20) BIRTHPLACE <u>AB SC</u>		
(21) OCCUPATION <u>Farmer</u>			(22) OCCUPATION <u>Housewife</u>	
(23) Number of children born to mother, including present birth <u>10</u>			(24) Number of children of this mother now living, including present birth <u>7</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(25) I hereby certify that I attended the birth of this child, who was born alive at 4 P. M. on the date above stated. (Born alive-or-stillborn) (Hour A. M. or P. M.)(26) (Signature) Maynard M. H. H.

(27) State whether Physician or Midwife

(28) Address of Physician or Midwife
Jackson SC

Given name added from a supplemental report

Oct 10 1923
Registrar

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

(30) Filed Oct 10 1923 (31) Maynard M. H. H. 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.