

(1) PLACE OF BIRTH

County of San Diego
Township of Felton

Inc. Town of.....

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

CERTIFICATE OF BIRTH

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

Registration District No. 212... Registered No. 16.....
(For use of Local Registrar)

File No. — For State Registrar Only

2932

(2) BOY OR GIRL <i>Boy</i>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(3) Number in order of birth	(5) Are Parents Married <i>Yes</i>	(7) DATE OF BIRTH <i>July 8 23</i> (Name of Month) (Day) (Year)
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FATHER.
Full Name *Harmond Brown*

PRESENT POST OFFICE OF FATHER *Wellston & Co #*

(10) COLOR OR RACE *W.C. 9-20* (11) AGE AT LAST BIRTHDAY *47* (X-2)

(7D) BIRTHPLACE San SC

(13) OCCUPATION Farmer Hand

20. Number of children born to mother, including present birth 115

(14) NAME BEFORE MARRIAGE *Ida Brown* MOTHER.

(18) PRESENT POST OFFICE OF SOURCE: *Hellston SC B#1*

(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 43

(14) BIRTHPLACE 35C

(7b) OCCUPATION
Marine and Field Worker

(71) Number of children of this mother
now living, including present birth 115

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

(20) I hereby certify that I attended the birth of this child, who was born alive at 7 M.,
on the date above stated. (born stillborn) (Mark M. or F.M.)

(25) (Signature) Mary X Veg...

(24) State whether Physician or Midwife ~~Physician or Midwife~~ ~~Physician or Midwife~~

Given name added from a supplemental report

(20) Witness
(Signature of Witness necessary only when question 20 is signed by mark)

(27) Filed 11/18/73 (28)

When there was no attending physician or midwife, then the father, householder, or other person present must report the death of the child to the health officer. If a child breathes even once, it must not be reported as stillborn. No report is required if the child is born dead, or if it dies before the fifth month of pregnancy.