

(1) PLACE OF BIRTH

County of Greenville
 Township of Greenville
 or
 In Town of.....
 or
 City of.....

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

21230

Registration District No. 2-0-9-ARegistered No. 226
(For use of Local Registrar)

(No. St.; Ward)

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

(2) Full Name of Child William Tate Brown If child is not yet named, make supplemental report as directed

(3) SEX OR GEAR Boy (4) Twin or Triplet X (5) Number in order of birth one (6) Are Parents Married? yes (7) DATE OF BIRTH July 1, 1923
 (Month) (Day) (Year)

FATHER.

(8) FULL NAME Walter William Brown(9) PRESENT POSTOFFICE OF FATHER Chick Spru's(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 38 (Year)(12) BIRTHPLACE Georgia(13) OCCUPATION Student(14) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Mathie Gurnie(15) PRESENT POSTOFFICE OF MOTHER Chick Spru's(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 28 (Year)(18) BIRTHPLACE Georgia(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was... alive ...at... 8 P. M. ...on the date above stated. (Born alive or stillborn. (Hour) (M. or P. M.)(23) (Signature) Chick Spru's

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) July 30, 1923 (28) 2-0-9-A

Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this report. If a child breathes even once, it must not be reported as stillborn. No report is required of stillbirths before the fifth month of pregnancy.