

## (1) PLACE OF BIRTH

County of CalhounTownship of Sandy Run

Inc. Town of .....

City of .....

## CERTIFICATE OF BIRTH

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

File No. - For State Registrar Only

27367

Registration District No. 808 Registered No. 70  
(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 Burkley Brown If child is not yet named, make supplemental report as directed(3) BOY OR GIRL (4) Twin or Triplet? (5) Number in order of birth 2 (6) Are Parents Married? yes (7) DATE OF BIRTH Sept 1, 1923  
(Name of Month) (Day) (Year)

FATHER.			MOTHER.		
(8) FULL NAME	<u>Lilay Brown</u>	(14) NAME BEFORE MARRIAGE	<u>Anna Speaks</u>		
(9) PRESENT POSTOFFICE OF FATHER	<u>Sandy Run</u>	(15) PRESENT POSTOFFICE OF MOTHER	<u>Sandy Run</u>		
(10) COLOR OR RACE	<u>Negro</u>	(16) COLOR OR RACE	<u>Negro</u>		
(11) AGE AT LAST BIRTHDAY	<u>29</u> (Years)	(17) AGE AT LAST BIRTHDAY	<u>24</u> (Years)		
(12) BIRTHPLACE	<u>Lexington</u>	(18) BIRTHPLACE	<u>Lexington</u>		
(13) OCCUPATION	<u>Farmer</u>	(19) OCCUPATION	<u>Farmer</u>		
(20) Number of children born to mother, including present birth	<u>2</u>	(21) Number of children of this mother now living, including present birth	<u>2</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Boy - alive 2 P. M.,  
on the date above stated. (Specify live or stillborn) (Hour A. M. or P. M.)(23) (Signature) Estell Brown  
(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) Filed Sept 1, 1923 (28) D. S. Bullinger Local Registrar

OF COLUMBIA, COLUMBIA S