

(1) PLACE OF BIRTH

County of *Charleston*

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

5593

Township of *Durham*

or

Inc. Town of

or

City of

Registration District No. *104*Registered No. *7*

(For use of Local Registrar)

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

2) Full Name of Child *John Lewis Brown*(3) BOY OR GIRL? *Boy*

(4) Twin or Triplet?

(5) Number in order of birth *2*(6) Are Parents Married? *Yes*(7) DATE OF BIRTH *Feb. 13, 23*

(Name of Month) (Day) (Year)

(8) FULL NAME

William Jackson Brown

FATHER

(14) NAME BEFORE MARRIAGE

MOTHER

Annie Louise Suter

(9) PRESENT POSTOFFICE OF FATHER

Antonia S P

(15) PRESENT POSTOFFICE OF MOTHER

Antonia S P(10) COLOR OR RACE *White*(11) AGE AT LAST BIRTHDAY *28*

(Years)

(16) COLOR OR RACE *White*(17) AGE AT LAST BIRTHDAY *20*

(Years)

(12) BIRTHPLACE

Abbeville Co

(18) BIRTHPLACE

Abbeville Co

(13) OCCUPATION

Farmer

(19) OCCUPATION

House wife

(20) Number of children born to mother, including present birth

Two

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

Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *born* *alive* or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

(Given name added from supplemental report)

(26) Witness

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

Registrar

(27) Filed *JAN. 17, 1923*(28) *J. H. [Signature]* 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.

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