

(1) PLACE OF BIRTH

County of *Spawnsburg*Township of *...*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

Joseph C. Brown

No. 1a.—For State Registrar Only

8465

Registration District No. *40-2*Registered No. *89*

(For use of Local Registrar)

(No. *110* *Brown* St.)

Ward

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

(3) SEX *Male*(4) Type or Triplet *...*

(5) Number in order of birth

(6) Age *...*

(7) DATE

(Name of Month) (Day) (Year) *July 1 1923*

FATHER.

(8) FULL NAME *Joseph C. Brown*(9) PRESENT POSTOFFICE OF FATHER *Spawnsburg*(10) COLOR OR RACE *CC*(11) AGE AT LAST BIRTHDAY *24*

(Year)

(12) BIRTHPLACE *Blacksburg*(13) OCCUPATION *...*(20) Number of children born to mother, including present birth *1*

MOTHER.

(14) NAME *Marie Grace*(15) PRESENT POSTOFFICE OF MOTHER *Spawnsburg*(16) COLOR OR RACE *CC*(17) AGE AT LAST BIRTHDAY *18*

(Year)

(18) BIRTHPLACE *Clayton St.*(19) OCCUPATION *...*(21) Number of children of this mother now living, including present birth *3*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *...* at *4 A.* M., on the date above stated. (Born alive or *...*) (Hour A. M. or P. M.)(23) (Signature) *...*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

James A. Curry
June 6 1923

(26) Witness

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

(27) Filed *4.1*

1923

(28)

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.

P. M.

Midwife

str.

urn.

urn.

urn.

urn.

urn.

urn.

urn.

urn.

urn.

urn.

urn.

urn.

urn.

urn.

urn.

urn.

urn.