

(1) PLACE OF BIRTH

County of Anderson...

Township of

Inc. Town of Marion Path

City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 20.7 Registered No. 16

(For use of Local Registrar)

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

3) BOY OR GIRL <u>Boy</u>	4) Type or Trade Is in accordance to one of Trade or Trade	5) Number in order of birth	6) Age Months	7) DATE OF BIRTH <u>Feb. 20</u> (Month) (Day) (Year)
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FATHER.

8) FULL NAME W. M. Brown9) PRESENT POSTOFFICE OF FATHER Marion Path S.C.10) COLOR OR RACE White 11) AGE AT LAST BIRTHDAY 31 (Year)12) BIRTHPLACE S.C.13) OCCUPATION Blacksmith20) Number of children born to mother, including present child One

MOTHER.

14) NAME BEFORE MARRIAGE Gertrude Brown15) PRESENT POSTOFFICE OF MOTHER Marion Path S.C.16) COLOR OR RACE White 17) AGE AT LAST BIRTHDAY 34 (Year)18) BIRTHPLACE S.C.19) OCCUPATION Domestic21) Number of children of this mother, including present child One

SIGNATURE OF REGISTRAR'S PERSON OR MINOR

(22) I hereby certify that I attended the birth of this child, who was White at 3 P.M. on the date above stated. (Born alive or stillborn) (Born A. M. or P. M.)

23) Signature of Registrar or Minor	24) Address of Registrar or Minor
<u>James M. Brown</u>	<u>Marion Path S.C.</u>

When (large, with name of child, if a child is born)

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