

(1) PLACE OF BIRTH

County of Wm.burg
Township of IndianInc. 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

54036

Registration District No. 4303 Registered No. 20
(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 Louise Brown If child is not yet named, make supplemental report as directed(1) ~~BOY OR~~ GIRL? (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? (7) DATE OF BIRTH Mar 13 1946
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Louis Brown(9) PRESENT POSTOFFICE OF FATHER Exeter(10) COLOR OF FACE C (11) AGE AT LAST BIRTHDAY 30 (Years)(12) BIRTHPLACE Wm.burg(13) OCCUPATION Farmer(14) Number of children born to mother including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Marick Cooper(15) PRESENT POSTOFFICE OF MOTHER Exeter(16) COLOR OR RACE C (17) AGE AT LAST BIRTHDAY 20 (Years)(18) BIRTHPLACE Wm.burg(19) OCCUPATION Farmer(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

191.....

Registrar

(26) Witness Louise Cooper
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Mar 22 1946 (28) C. C. Daniel 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.

Only

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Ward)nake
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(Year)

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V.M.,
P. M.)

idwife

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