

## (1) PLACE OF BIRTH

County of PickensTownship of Central

or

Inc. Town of

or

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

File No.—For State Registrar Only

19798

Registration District No. 3200Registered No. 118

(For use of Local Registrar)

(2) Full Name of Child Clarence Webb Brown

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

(3) BOY OR GIRL? Boy(4) Twin or Triplet? ✓

To be answered only in case of twins or triplets

(5) Number in order of birth ✓(6) Are Parents Married? Yes

(7) DATE OF BIRTH

June 20, 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Chas. B. Brown

(9) PRESENT POSTOFFICE OF FATHER

Catechee S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

40  
(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Second Hand in Card Room Cotton Mill

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

4

## MOTHER.

(14) NAME BEFORE MARRIAGE

Sallie Lafoy

(15) PRESENT POSTOFFICE OF MOTHER

Catechee S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

41  
(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

✓

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

4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 1 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) L. L. Webb

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

PhysicianCatechee S.C.

Given name added from a supplemental report

....., 191.....

Registrar

(26) Witness

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

(27) Filed July 1, 1922

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(28)

J. H. Pearson

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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FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

N. C. of Columbia.

Medals