

(1) PLACE OF BIRTH

County of Sumter
 Township of St. Lawrence
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

No. 34047
 (For use of Local Registrar)

Registration District No. 4109 Registered No. 57
 (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 Henry Brown (If child is not yet named, make supplemental report as directed)

(a) SEX OR CHILD <u>boy</u>	(b) Twin or Triplet To be answered only in event of Twin or Triplet	(c) Number in order of birth	(d) Are Parents Married <u>Yes</u>	(e) DATE OF BIRTH <u>July 27, 1923</u> (Month of Birth) (Day) (Year)
FATHER.			MOTHER.	
(1) FULL NAME <u>Frank Brown</u>			(14) NAME BEFORE MARRIAGE <u>Emma Howard</u>	
(2) PRESENT POSTOFFICE OF FATHER <u>Wahalla, S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Wahalla, S.C.</u>	
(16) COLOR OR RACE <u>col</u>	(11) AGE AT LAST BIRTHDAY <u>28</u> (Years)	(18) COLOR OR RACE <u>col</u>	(17) AGE AT LAST BIRTHDAY <u>24</u> (Years)	
(12) BIRTHPLACE <u>S.C.</u>		(19) BIRTHPLACE <u>S.C.</u>		
(13) OCCUPATION <u>farm laborer</u>		(20) OCCUPATION <u>farm laborer</u>		
(21) Number of children born to mother, including present birth <u>6</u>		(22) Number of children of this mother now living, including present birth <u>5</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(24) (Signature) Henry Brown
 (25) State whether Physician or Midwife father (26) Address of Physician or Midwife Wahalla, S.C.

Given name added from a supplemental
 report

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

(28) Signed Oct 27, 1923 (29) Benny Sanders
 Local Registrar

When this report is made by a physician or midwife, then the father, householder, etc., should make this return
 before the fifth month of pregnancy. No report is desired of stillbirths.