

See also Vol + # 300

Form No. 1

(1) PLACE OF BIRTH

County of Berkley
 Township of Eastland
 or
 Inc. Town of
 or
 City of

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

No. for State Register Only
3045

Registration District No. 708 Registered No. 24
 (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 John Brown

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

(3) SEX OF CHILD Male (4) Type of Report Birth (5) Number in order of birth 1 (6) Age of Mother 36 (7) DATE OF BIRTH Feb 24 1923
 (Name of Month) (Day) (Year)

FATHER
 (8) FULL NAME Brother Brown
 (9) PRESENT POSTOFFICE OF FATHER Pineville, Mo.
 (10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 36 (Year)
 (12) BIRTHPLACE Berkley Co
 (13) OCCUPATION Farming
 (14) Number of children born to mother, including present birth 7

MOTHER
 (15) NAME BEFORE MARRIAGE Maria Nolan
 (16) PRESENT POSTOFFICE OF MOTHER Pineville, Mo.
 (17) COLOR OR RACE negro (18) AGE AT LAST BIRTHDAY 33 (Year)
 (19) BIRTHPLACE Berkley Co
 (20) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) W. H. H. H. H. (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Pineville, Mo.

Given name added from a supplemental report

(26) Witness Ellie Cross (Signature of Witness necessary only when question is signed by mark)
 (27) Date Feb 24 1923 (28) John Brown

When there is a child named after a deceased child, the name of the deceased child must be given in full.