

No. 1

(1) PLACE OF BIRTH

County of GallopTownship of Sandy Run

Inc. Town of

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 HealthRegistration District No. 808

File No. - For this Register Only

81085

Registered No. 82
(For use of Local Registrar)

(2) Full Name of Child

Netella Brown

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

(3) SEX OF CHILD	(4) Type of Birth	(5) Number in order of birth	(6) Age of Child	(7) DATE OF BIRTH
<u>Female</u>	<u>Normal</u>	<u>6</u>	<u>2 years</u>	<u>Nov 14, 1923</u>
(Name of Month) (Day) (Year)				

FATHER.			MOTHER.		
(8) FULL NAME	<u>Fredie Brown</u>	(14) NAME OF MOTHER	<u>Rosida Albert</u>		
(9) PRESENT RESIDENCE OF FATHER	<u>Sandy Run</u>	(15) PRESENT RESIDENCE OF MOTHER	<u>Sandy Run</u>		
(10) COLOR OF FATHER	<u>Negro</u>	(16) COLOR OF MOTHER	<u>Negro</u>		
(11) AGE AT LAST BIRTHDAY	<u>26</u>	(17) AGE AT LAST BIRTHDAY	<u>22</u>		
(12) BIRTHPLACE	<u>Lexington</u>	(18) BIRTHPLACE	<u>Lexington</u>		
(13) OCCUPATION	<u>Farmer</u>	(19) OCCUPATION	<u>Farmer</u>		
(20) Number of children born to mother, including present birth	<u>6</u>	(21) Number of children of this mother now living, including present birth	<u>6</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn at 10 P. M. on the date above stated. (Hour A. M. or P. M.)(23) (Signature) E. E. Brown(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Sandy Run

Given name added from a supplemental report

(26) Witness E. E. 73 Bellinger
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Nov 14, 1923 (28) J. B. Bellinger
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.