

(1) PLACE OF BIRTH

County of Keruee

Township of

or Inc. Town

City of Keruee

(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

Registration District No. 20-A

File No.—for State Registrar Only

28247

Registered No. 288

(For use of Local Registrar)

(No. For Inf St. 1 Ward 1)

(2) Full Name of Child

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

(3) SEX OR <u>Male</u>	(4) Twin or Triplet To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married <u>Y</u>	(7) DATE OF BIRTH <u>9-7-23</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Algie Brodie(9) PRESENT POSTOFFICE OF FATHER For(10) COLOR OR RACE W(11) AGE AT LAST BIRTHDAY 22
(Years)(12) BIRTHPLACE Hamlet, SC(13) OCCUPATION Mov. Pictures(14) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Agnes Clayton(15) PRESENT POSTOFFICE OF MOTHER For(16) COLOR OR RACE W(17) AGE AT LAST BIRTHDAY 23
(Years)(18) BIRTHPLACE NC(19) OCCUPATION Dom(20) 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 alive at P M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) [Signature]

(24) State whether Physician or Midwife

(25) Address of Phys. or Midwife

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Sept. 15, 1923 (28) P. H. Dugham, Jr.
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.