

(1) PLACE OF BIRTH

County of

Township of

Inc. Town of

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child U. H. Kraus Brown

File No. - For State Registrar Only

12986

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. Registered No. 143

(For use of Local Registrar)

St. Ward)

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

(3) SEX OR Boy (4) Twin or Triplet No (5) Number in order of birth 11 (6) Are Parents Married? Yes (7) DATE OF BIRTH May 5, 1923
 To be reported only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Udney Brown(9) PRESENT POSTOFFICE OF FATHER Sheldon P O(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 40 (Year)(12) BIRTHPLACE Sheldon P O(13) OCCUPATION Farming(14) Number of children born to mother, including present birth 11

MOTHER

(15) NAME BEFORE MARRIAGE Uda McBride(16) PRESENT POSTOFFICE OF MOTHER Sheldon(17) COLOR OR RACE Negro (18) AGE AT LAST BIRTHDAY 37 (Year)(19) BIRTHPLACE Sheldon P O(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 Born alive at 7:40 M., on the date above stated. (Born alive or stillborn) (Hour) (M. or P. M.)(23) (Signature) Philip Kraus Brown

(24) State whether Physician or Midwife

(25) Address of Physician 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 10 (28) Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breather even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.