

## (1) PLACE OF BIRTH

County of York  
 Township of Livingston  
 Inc. Town of .....  
 or  
 City of .....

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

No. for State Registrar only  
**38108**

Registration District No. 44.27 Registered No. 153  
 (For use of Local Registrar)

(No. .... St. .... Ward) .....

## (2) Full Name of Child

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

(1) BOY OR GIRL Girl (2) Type or Trade To be covered only in event of Trade (3) Number in order of birth 1 (4) Age at birth 40 (5) DATE OF BIRTH Nov 19 1923  
 (Name of Month) (Day) (Year)

## FATHER.

(6) FULL NAME John T. Brown  
 (7) PRESENT POSTOFFICE OF FATHER Livingston  
 (8) COLOR OR RACE W (9) AGE AT LAST BIRTHDAY 22  
 (10) BIRTHPLACE Livingston  
 (11) OCCUPATION Farmer

## MOTHER.

(12) NAME BEFORE MARRIAGE Miss. Brunsberg  
 (13) PRESENT POSTOFFICE OF MOTHER Livingston  
 (14) COLOR OR RACE W (15) AGE AT LAST BIRTHDAY 22  
 (16) BIRTHPLACE Livingston  
 (17) OCCUPATION Farmer  
 (18) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(20) (Signature) Dr. J. C. Brown(21) State whether Physician or Midwife Physician(22) Address of Physician or Midwife Livingston

Given name added from a supplementary report

(23) Witness

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

(24) Filed

Dec 2 1923

(25)

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.

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