

(1) PLACE OF BIRTH

County of BambergTownship of Richland

Inc. Town of

City of Richland

(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

No. 10-17-18-19-20-21-22-23

2923

Registration District No. Registered No. 12
(For use of Local Registrar)City of Richland (No. St. Ward)(2) Full Name of Child William Charles Brown If child is not yet named, make supplemental report as directed(3) SEX OF CHILD Male (4) Twin or Triplet No (5) Number in order of birth 1 (6) Age at birth 1 yr (7) DATE OF BIRTH Jan 15 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME William Charles Brown(9) PRESENT POSTOFFICE OF FATHER Richland(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 35 (Years)(12) BIRTHPLACE Richland(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE William Charles Brown(15) PRESENT POSTOFFICE OF MOTHER Richland(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 25 (Years)(18) BIRTHPLACE Richland(19) OCCUPATION Farmer(20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife

Given name added from a supplemental report

(25) Witness
(Signature of Witness necessary only when question 21 is signed by mark)(26) Filed Jan 15 1923 (27) William Charles Brown

When there was no attending physician or midwife, then the father, householder, etc., must sign. If a child practices even once, it must not be reported as stillborn. No report is to be made before the fifth month of pregnancy.