

(1) PLACE OF BIRTH

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

County of Richland

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

4352

Township of First CreekInc. Town of KershawRegistration District No. 2803Registered No. 17

(For use of Local Registrar)

City of Kershaw(No. 17 Ward 17)

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

(2) Full Name of Child

Gayle Pearl Brown

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

(3) SEX OF CHILD Female(4) Twin or triplet? No(5) Number in order of birth 1(6) Are Parents Married? Yes(7) DATE OF BIRTH Jan 6 1923

(Name of Month) (Day) (Year)

FATHER

MOTHER

(8) FULL NAME

W. C. Brown

(14) NAME BEFORE MARRIAGE

Pauline Simon

(9) PRESENT POSTOFFICE OF FATHER

North Spring

(15) PRESENT POSTOFFICE OF MOTHER

North Spring

(10) COLOR OR RACE

Black(11) AGE AT LAST BIRTHDAY 28 (Years)

(16) COLOR OR RACE

White(17) AGE AT LAST BIRTHDAY 22 (Years)

(12) BIRTHPLACE

Richland County

(18) BIRTHPLACE

Richland County

(13) OCCUPATION

Farmer

(19) OCCUPATION

Home Ache Carpenter

Number of children born to mother, including present birth

(21) Number of children of this mother now living, including present birth

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive on the date above stated.

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

PhysicianKershaw

(Given name added from a supplemental report)

(26) Witness

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

Feb 23 1923 J. C. Nelson

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 10th month of pregnancy.

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