

(3) PLACE OF BIRTH

County of Florence.....

Township of

or Town of Timmonsville.....

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

No. 10.—For use by Registrar

24472

Registration District No. 2015 Registered No. 60

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

(2) Full Name of Child. Mildred Elizabeth Brown. If child is not yet named, make supplemental report as directed

(1) SEX OR GENDER Girl	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? Yes	(7) DATE OF BIRTH Aug. 15, 1933
FATHER.			MOTHER.	
(8) FULL NAME Richard Alexandra Brown			(14) NAME BEFORE MARRIAGE Irene Gertrude Touchberg	
(9) PRESENT RESIDENCE OF FATHER Timmonsville, S.C.			(15) PRESENT RESIDENCE OF MOTHER Timmonsville, S.C.	
(10) COLOR OR RACE White	(11) AGE AT LAST BIRTHDAY 42	(16) COLOR OR RACE White	(17) AGE AT LAST BIRTHDAY 38	
(12) BIRTHPLACE Pikeville, S.C.			(18) BIRTHPLACE Silver, S.C.	
(13) OCCUPATION Machinist			(19) OCCUPATION House work	
(20) Number of children born to mother, including present birth 14			(21) Number of children of this mother now living, including present birth 12	

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) J. P. Russell

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician

TIMMONSVILLE, S. C.

Given name added from a supplemental report

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

(27) Filed Aug. 23, 1933 P. H. Taylor 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.

PREPARED BY WOMAN'S BUREAU