

(1) PLACE OF BIRTH

County of Dorchester.

Township of .....

Inc. Town of St. George

or

City of .....

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

No. - For State Registrar Only

31995

Registration District No. 1703

Registered No. 612  
(For use of Local Registrar)

(No. .... St. .... Ward)  
If birth occurs in a hospital or other institution, give name of same instead of street and number.

(2) Full Name of Child Do not know

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

3. BOY OR GIRL Boy 4. Twin or Triplet 1 5. Number in order of birth 1 6. Are Parents Married yes 7. DATE OF BIRTH 9-8-23  
(Name of Month) (Day) (Year)

FATHER.  
8. FULL NAME Lewis Brown  
9. PRESENT POSTOFFICE OF FATHER St George S.C.  
10. COLOR OR RACE negro 11. AGE AT LAST BIRTHDAY 24  
(Year)  
12. BIRTHPLACE St George S.C.  
13. OCCUPATION farmer  
20. Number of children born to mother, including present birth 1

MOTHER.  
14. NAME BEFORE MARRIAGE Ally May Bowman  
15. PRESENT POSTOFFICE OF MOTHER St George S.C.  
16. COLOR OR RACE negro 17. AGE AT LAST BIRTHDAY 21  
(Year)  
18. BIRTHPLACE St George S.C.  
19. OCCUPATION House wife  
21. Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 3 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature]

(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 Nov. 10 1923

(28) Betty Jennings  
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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