

(1) PLACE OF BIRTH

County of Dorchester

Township of

Inc. Town of St. George

City of

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

File No. - For State Registrar Only

31995

Registration District No. 1703Registered No. 614
(For use of Local Registrar)

(No. St. Ward)

(2) Full Name of Child Do not know

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

1. BOY OR GIRL <u>Boy</u>	2. Twin or Triplet <u>1</u>	3. Number in order of birth <u>1</u>	4. Are Parents Married <u>yes</u>	5. DATE OF BIRTH <u>9-8-23</u> (Name of Month) (Day) (Year)
---------------------------	-----------------------------	--------------------------------------	-----------------------------------	--

FATHER

6. FULL NAME Leotis Brown

7. PRESENT POSTOFFICE OF FATHER St. George S.C.

8. COLOR OR RACE negro

9. AGE AT LAST BIRTHDAY 24
(Year)

10. BIRTHPLACE St. George S.C.

11. OCCUPATION farmer

MOTHER

12. NAME BEFORE MARRIAGE Elly May Bowman

13. PRESENT POSTOFFICE OF MOTHER St. George S.C.

14. COLOR OR RACE negro

15. AGE AT LAST BIRTHDAY 21
(Year)

16. BIRTHPLACE St. George S.C.

17. OCCUPATION house wife

18. Number of children born to mother, including present birth 1

19. Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was born at 3:00 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(21) (Signature) J. B. Johnston

(22) State whether Physician or Midwife

(23) Address of Physician or Midwife

Given name added from a supplemental report

(24) Witness

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

(25) Filed Nov. 10 1923 (26) 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.

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.