

(1) PLACE OF BIRTH

County of Williamsburg

Township of Trunkley

or Town of

City of

CERTIFICATE OF BIRTH

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

Registration District No. 4311

File No.—For State Registrar Only

22876

Registered No. 44
(For use of Local Registrar)

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

(2) Full Name of Child Margaret Edith Brown

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

3. BOY OR GIRL girl

(4) Twin or Triplet?

(5) Number in order of birth
To be answered only in event of Twin or Triplet

(6) Are Parents Married? Yes

7. DATE OF BIRTH July 6, 1923
(Name of Month) (Day) (Year)

FATHER.

8. FULL NAME Herbert M. G. Brown

9. PRESENT POSTOFFICE OF FATHER Kingston S.C. R 721

10. COLOR OR RACE white

(11) AGE AT LAST BIRTHDAY 23
(Years)

12. BIRTHPLACE Williamsburg Co. S.C.

13. OCCUPATION Farmer

20. Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Edith G. M. Cullough

(15) PRESENT POSTOFFICE OF MOTHER Kingston S.C. R 721

(16) COLOR OR RACE white

(17) AGE AT LAST BIRTHDAY 28
(Years)

(18) BIRTHPLACE Williamsburg County, S.C.

(19) OCCUPATION Housewife

21. Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 11 A.M. on the date above stated.
(Born alive or stillborn Hour A. M. or P. M.)

(23) (Signature) E. J. Jacobs

(24) State whether Physician or Midwife Physician

(25) Address of Physician or Midwife Kingston 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 July 18, 1923

(28) S. A. Hurdale
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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