

## (1) PLACE OF BIRTH

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County of Aiken  
 Township of Saluda  
 Inc. Town of.....  
 City of.....

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

## (2) Full Name of Child

Child: Charles Brown

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

(3) SEX OR  
GIRL

Boy

(4) Twin  
or Triplet

To be answered only in event of Twin or Triplet

(5) Number in  
order of birth

6

(6) Are  
Parents  
Married?

Yes

(7) DATE OF

BIRTH

Feb 16, 1923

(Name) (Month) (Day) (Year)

## FATHER.

(8) FULL  
NAME

M. E. Brown

(9) PRESENT  
POSTOFFICE  
OF FATHER

Augusta, Route 5

(10) COLOR  
OR  
RACE

White

(11) AGE AT LAST  
BIRTHDAY

37

(12) BIRTHPLACE

South Carolina

(13) OCCUPATION

Farmer

(14) Number of children born to  
mother, including present birth

6

## MOTHER.

(14) NAME BEFORE  
MARRIAGE

Francis P. Quade

(15) PRESENT  
POSTOFFICE  
OF MOTHER

Augusta, Route 5

(16) COLOR  
OR  
RACE

White

(17) AGE AT LAST  
BIRTHDAY

29

(18) BIRTHPLACE

South Carolina

(19) OCCUPATION

Housekeeper

(20) 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 alive at 4:10 P. M.,  
on the date above stated. (Born alive or Stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

Physician

(25) Address of Physician or Midwife

W. H. August

(Given name added from a supplement-  
tal report)

(26) Witness

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

(27) Filed

Sept 18, 1923

(28)

S. L. Medlock

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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