

(1) PLACE OF BIRTH

County of LaurensTownship of St. John

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 Rebecca Brown

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

(1) SEX OF CHILD <u>Female</u>	(4) Type of Infant <u>To be reported as a child of 1 year or older</u>	(5) Number in order of birth <u>1</u>	(6) Age of child <u>2 1/2</u>	(7) DATE OF BIRTH <u>Aug 28 1924</u> (Month of Birth) (Day) (Year)
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FATHER.

(8) FULL NAME Joe Brown(9) PRESENT POSTOFFICE OF FATHER Pharm SC.(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 30 (Year)(12) BIRTHPLACE Georgetown County(13) OCCUPATION Public Work(14) Number of children born to mother, including present birth 3

MOTHER.

(15) NAME BEFORE MARRIAGE Rebecca Brown(16) PRESENT POSTOFFICE OF MOTHER Pharm SC.(17) COLOR OR RACE Black (18) AGE AT LAST BIRTHDAY 25 (Year)(19) BIRTHPLACE Georgetown County(20) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 6 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Rebecca Ford(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Pharm SC.

Given name added from a supplemental report

(26) Witness E. H. Williams (Signature of Witness necessary only when question 25 is signed by mark)(27) Filed Aug 28 1924 (28) E. L. Ellis 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.