

County of Florence
Town of Florence
City of Florence
(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

20258

Registration District No. 70-A Registered No. 301
(For use of Local Registrar)

2) Full Name of Child Joe Davis Brown If child is not yet named, make supplemental report as directed

3) SEX OF CHILD boy 4) TIME OF BIRTH 11/23 5) DAY OF BIRTH 11/23 6) MONTH OF BIRTH 11 7) YEAR OF BIRTH 1930

FATHER.
1) FULL NAME Harry Wood Brown
2) PRESENT POSTOFFICE OF FATHER Florence S.C.
3) COLOR OR RACE white 4) AGE AT LAST BIRTHDAY 23 (Years)
5) BIRTHPLACE Sumter County
6) OCCUPATION Acetylene Welder

MOTHER.
1) NAME BEFORE MARRIAGE Geneva Houghan
2) PRESENT POSTOFFICE OF MOTHER Florence S.C.
3) COLOR OR RACE white 4) AGE AT LAST BIRTHDAY 20 (Years)
5) BIRTHPLACE Sumter Co.
6) OCCUPATION Housewife

8) Number of children born to mother, including present birth 1 9) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

1) I hereby certify that I attended the birth of this child, who was alive at 8:45 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature) F. M. Hicks M.D. Florence S.C.
(24) State whether Physician or Midwife phys. (25) Address of Phys. or Midwife

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 25 is signed by mark)
(27) Fee \$5.00 (28) F. H. Bushaw M.D. 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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