

10-27-44

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate.)

U. S. Dept. of Commerce
Bureau of the Census

1. PLACE OF BIRTH
County of Sumter
Township of _____
or
Inc. Town of _____
or Route 1
City of Mayesville (If birth occurs in a hospital or other institution, give name of same instead of street and number)

2. FULL NAME OF CHILD Joe Earl Brown { If child is not yet named, make supplemental report as directed.

3. Boy or Girl Boy 4. Twins, triplets or other. _____ 5. Number, in order of birth. _____ 6. Premature. _____ 7. Are Parents Married? Yes 8. Date of birth July 28, 1923 (Month day, year)

9. Full name **FATHER** Ruth Lawrence Brown 18. Name before marriage **MOTHER** Estelle Coulter

10. Residence (mailing address) Route 1 19. Residence (mailing address) Route 1
(If non-resident, give place and State) Mayesville, S.C. (If non-resident, give place and State) Mayesville, S.C.

11. Color or race white 12. Age at child's birth 23 (years) 20. Color or race white 21. Age at child's birth 26 (years)

13. Birthplace (city or place) Sumter County 22. Birthplace (city or place) Sumter, County
(State or country) S. C. (State or country) S. C.

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming 23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. Housekeeper

15. Industry or business in which work done, as silk mill, sawmill, bank, etc. _____ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____ 25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____

27. Number of children of this mother (At time of birth and including this child (a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn 0)

28. If stillborn, period of gestation _____ months _____ weeks 29. Cause of stillbirth _____ { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was born at 4:00 P. m. on the date above stated.

{ When there was no attending physician or midwife, then the father, householder etc., should make this return.

Given name added from a supplementary report _____ (Date of) _____

Registrar.

(Signed) Mrs Estelle Brown Parent
or _____ Guardian
Address Route 1, Mayesville, S. C.
Filed 10-30-, 1944 L.A. Riser, M.D.
Registrar. P

23 048060

00910

Far Only

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 4102

Registered No. _____ (For use of Local Registrar)

Ward)

(No. _____ St.; _____ Ward)