

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

23 048060

1. PLACE OF BIRTH

Standard Certificate of Birth

F

For Only

County of Sumter

STATE OF SOUTH CAROLINA

00910

Township of.....  
or

Bureau of Vital Statistics  
State Board of Health

Registration District No. 4102 Registered No. ....  
(For use of Local Registrar)

Inc. Town of.....  
or Route 1

City of Mayesville (No. .... St.; ..... Ward)  
(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 If Plural births ..... 4. Twins, triplets or other..... 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)  
(If non-resident, give place and State) Route 1  
Mayesville, S.C.

19. Residence (mailing address)  
(If non-resident, give place and State) Route 1  
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)  
(State or country) Sumter County  
S. C.

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

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 ..... 19.....

25. Date (month and year) last engaged in this work ..... 19.....

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.

(Signed) Mrs Estelle Brown Parent

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

or..... Guardian

Address Route 1, Mayesville, S. C.

Filed 10-30-, 1944 L.A. Riser, M.D.  
Registrar. P

Registrar.

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.)

10-27-44