

(1) PLACE OF BIRTH

County of FlorenceTownship of Hammondville

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

No. for State Registrar Only

40376

Registration District No. 2015Registered No. 90
(For use of Local Registrar)

(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 George Edward Brown

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

(3) SEX OF CHILD
Male(4) Twin or Triplet
Yes
To be answered only in event of Twin or Triplet(5) Number in order of birth
1(6) Are Parents Married
Yes

(7) DATE OF BIRTH

BIRTH 12-28-22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Robert W. Brown(9) PRESENT POSTOFFICE OF FATHER Tennille S.C.(10) COLOR OR RACE white(11) AGE AT LAST BIRTHDAY 40
(Year)(12) BIRTHPLACE Florence Co.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth Two

MOTHER.

(15) NAME BEFORE MARRIAGE Lucy Howell(16) PRESENT POSTOFFICE OF MOTHER Tennille S.C.(17) COLOR OR RACE white(18) AGE AT LAST BIRTHDAY 27
(Year)(19) BIRTHPLACE Dorchester Co.(20) OCCUPATION Home-work(21) Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 6 a.m. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) I. H. Howell

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

(Given name added from a supplemental report)

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mother)

(27) Filed 12/27/22(28) 23

(29)

*When there was no attending physician or midwife, then the father, householder, or other person must report the birth of a child to the Registrar before the fifth month of pregnancy.