

M. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 4.

(1) PLACE OF BIRTH  
 County of Waydell  
 Township of Lawrence  
 or  
 Inc. Town of.....  
 or  
 City of David L.  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
 Registration District No.....  
 (For Special Registrar)  
 Ward.....

(2) Full Name of Child Matthew Brown (If child is not yet named; make supplemental report as directed.)

(3) SEX OF CHILD <u>Boy</u>	(4) Type or Fringe <u>To be reported in case of Twin or Triplet</u>	(5) ORDER OF BIRTH <u>1st</u>	(6) AGE <u>yes</u>	(7) DATE OF BIRTH <u>Aug. 20, 1923</u>
FATHER			MOTHER	
(8) FULL NAME <u>Burt Brown</u>			(14) NAME BEFORE MARRIAGE <u>Estel Hill</u>	
(9) PRESENT RESIDENCE OF FATHER <u>Pendleton S.C. 11</u>			(15) PRESENT RESIDENCE OF MOTHER <u>Pendleton S.C. 11</u>	
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>7</u>	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>38</u>	
(12) BIRTHPLACE <u>S.C.</u>		(18) BIRTHPLACE <u>S.C.</u>		
(13) OCCUPATION <u>Farming</u>		(19) OCCUPATION <u>House wife</u>		
(20) Number of children born to mother, including present birth <u>10</u>			(21) Number of children of this mother now living, including present birth <u>3</u>	

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) E. E. P. [Signature]  
 (24) State whether Physician or Midwife  
 (25) Address of Physician or Midwife  
Liberty S.C. 12

(26) Witness  
 (Signature of Witness necessary only when question 22 is signed by mark)  
[Signature]

(27) Date July 15, 1923  
 (28) Registrar  
F. B. [Signature]

\*When there was no attending physician or midwife, then the father, householder, etc., must sign. If a child breathes even once, it must not be reported as stillborn. No report is required before the fifth month of pregnancy.