

(1) PLACE OF BIRTH

County of MarionTownship of James

Inc. Town of

City of

(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

No. 10.—For State Registrar Only

8744

Registration District No. 14.4 Registered No. 3

(For use of Local Registrar)

(No. 14.4 St. 1 Ward 1)(2) Full Name of Child William Robert (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet	(5) Number in order of birth	(6) Sex	(7) DATE OF BIRTH <u>Jan 2 1943</u>
To be entered only in case of Twin or Triplet			(8) Age at birth	(9) (Month) (Day) (Year)

FATHER

(10) FULL NAME James R. Brown(11) PRESENT POSTOFFICE OF FATHER James R. Brown(12) COLOR OR RACE White (13) AGE AT LAST BIRTHDAY 27 (Year)(14) BIRTHPLACE James R. Brown(15) OCCUPATION James R. Brown(16) Number of children born to mother, including present birth 5

MOTHER

(17) NAME BEFORE MARRIAGE James R. Brown(18) PRESENT POSTOFFICE OF MOTHER James R. Brown(19) COLOR OR RACE White (20) AGE AT LAST BIRTHDAY 27 (Year)(21) BIRTHPLACE James R. Brown(22) OCCUPATION James R. Brown(23) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(24) I hereby certify that I attended the birth of this child, who was born alive or stillborn (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.(25) (Signature) allid

(26) State whether Physician or Midwife

(27) Address of Physician or Midwife

(28) Given name of child from a supplementary report

M. B. Brown1/12/43

Registrar

(29) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(30) Signed Geo. L. Evans (31) 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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