

(1) PLACE OF BIRTH

County of Greenville

Township of

Inc. Town of

City of Greenville

(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

File No. - For State Registrar

3981

Registration District No. 220Registered No. 94
(For use of Local Registrar)(2) Full Name of Child James T. Brown

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

3) BOY OR GIRL M

4) Time of Birth

5) Number in order of birth

6) Sex Male7) DATE OF BIRTH Feb 28 1923
(Name of Month) (Day) (Year)

FATHER

8) FULL NAME James Brown9) ADDRESS 321 9th St. Greenville S.C.10) COLOR OR RACE C (11) AGE AT LAST BIRTHDAY 4 (Year)12) OCCUPATION Alphon M.C.C.13) SIGNATURE J. Brown

14) Number of children born to mother, including present birth

MOTHER

15) FULL NAME Wendy Allen16) ADDRESS Greenville S.C.17) COLOR OR RACE C (18) AGE AT LAST BIRTHDAY 18 (Year)19) OCCUPATION Alphon M.C.C.20) SIGNATURE Wendy Allen

21) Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alphon M.C.C. (Born alive or stillborn) (How A. M. or P. M.)
on the date above stated.(23) (Signature) W. M. Smith

(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 25 is signed by mother)

(27) Date Mar 8 1923

(28) Local Registrar

When there are no witnesses, the father, householder, etc., should make this return. If a child is born dead, it should be reported as stillborn. No report is desired of stillbirths.