

(1) PLACE OF BIRTH

County of Berkley
Township of Catawba
or
Inc. Town of

CERTIFICATE OF BIRTH

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

File No. - For State Registrar Only
20016

Registration District No. 708 Registered No. 89
(For use of Local Registrar)

City of (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 William Brown Jr If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL (4) Twin or Triplet (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH July 31, 1923
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME William Brown
(9) PRESENT POSTOFFICE OF FATHER Lowes S.C.
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 48 (Year)
(12) BIRTHPLACE Berkley Co
(13) OCCUPATION Farming
(14) Number of children born to mother, including present birth 12

MOTHER.
(14) NAME BEFORE MARRIAGE Conilla Brown
(15) PRESENT POSTOFFICE OF MOTHER Lowes S.C.
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 48 (Year)
(18) BIRTHPLACE Berkley Co
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth 12

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 1 P M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Celia Aguil
(24) State, whether Physician or Midwife Midwife (25) Address of Physician or Midwife Lowes S.C.

(Given name added from a supplemental report)
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..... 19 ..
Registrar

(26) Witness Killie Lowes
(Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed July 31, 1923 (28) D.W. Lowes 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.