

(1) PLACE OF BIRTH

County of BerkleyTownship of Centervilleor
Inc. Town ofor
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

File No. - For State Registrar Only

20016

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

(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

To be answered only in event of Twin or Triplet

(5) Number in

order of birth

(6) Are

Parents

Married?

(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
(Years)

(12) BIRTHPLACE

Berkley Co

(13) OCCUPATION

Farming

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
(Years)

(18) BIRTHPLACE

Berkley Co

(19) OCCUPATION

Housewife

(20) Number of children born to

mother, including present birth

12

(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)

(24) State whether

Physician or Midwife

Midwife

(25) Address of Physician or Midwife

Lowes S.C.(Given name added from a supplement-
tal report)

(26) Witness

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

(27) Filed

July 31, 1923

(28)

Lowes S.C.

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.