

(1) PLACE OF BIRTH

County of Marion
 Township of Marion
 OF
 Inc. Town of.....
 OF
 City of.....

CERTIFICATE OF BIRTH

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

File No. - For State Registrar Only

7787

Registration District No. 3203 Registered No. 9
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jul 15, 1923
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Richard D. Brown (14) NAME BEFORE MARRIAGE Lena

(9) PRESENT POSTOFFICE OF FATHER Marion, S.C. (15) PRESENT POSTOFFICE OF MOTHER Marion, S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 31 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 2
 (Year) (Year)

(12) BIRTHPLACE Marion, S.C. (18) BIRTHPLACE Marion, S.C.

(13) OCCUPATION Farmer (19) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 3 (21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 4:15 P.M., on the date above stated. (Born Alive or Stillborn) (Hour A. M. or P. M.)

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

Given name added from a supplemental report

Janis Fairy
June 11, 1923

(26) Witness Janis Fairy (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Apr 10 1923 (28) Local Registrar Leonwood Brown

*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.