

MARGIN RESERVED FOR INDEXING.
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1 THE OTHER, No. 2, etc. In question 2

(1) PLACE OF BIRTH

County of Oconee
 Township of Penn. Co.
 Inc. Town of
 or
 City of

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

No. for State Registrar Only
11471

Registration District No. 3504
 Registered No. 11471
 (For use of Local Registrar)

(2) Full Name of Child Reed Lee Brown
 (If birth occurs in a hospital or other institution, the name of same instead of street and number.)
 If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD Male (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH 3/4 23
 (Name of Month) (Day) (Year)
 To be answered only in case of Twin or Triplet

FATHER
 (8) FULL NAME George B. Brown
 (9) PRESENT POSTOFFICE OF FATHER Sumner
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 50
 (12) BIRTHPLACE West Co Ga
 (13) OCCUPATION Farmer

MOTHER
 (14) NAME BEFORE MARRIAGE Henric Perry
 (15) PRESENT POSTOFFICE OF MOTHER Sumner
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 30
 (18) BIRTHPLACE West Co Ga
 (19) OCCUPATION Wife
 (20) Number of children born to mother, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
 (21) I hereby certify that I attended the birth of this child, who was born (Hour A. M. or P. M.)
 on the date above stated.

(22) (Signature) George B. Brown
 (23) State whether Physician or Midwife

Given name added from a supplemental report

(24) Witness Reed Lee Brown
 (Signature of Witness necessary only when question 23 is signed by mark)

(25) Filed 4/10 1923 (26) Reed Lee Brown Local Registrar

When there was no attending physician or midwife, then the father, household, 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.