

Form No. 3

(1) PLACE OF BIRTH

County of OrangeburgTownship of Madison

Inc. Town of

City of

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

Registration District No. 3620File No.—For State Registrar Only
12286Registered No. One
(For use of Local Registrar)

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 Laurie Brown

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

3 SEX—
GIRL(4) Twin
or Triplet(5) Number in
order of birth(6) Are
Parents
Married?(7) DATE OF
BIRTH July 23, 1923
(Month of birth) (Day) (Year)

FATHER.

8 FULL
NAME9 PRESENT
POSTOFFICE
OF FATHER(10) COLOR
OR
RACE

(12) BIRTHPLACE

(15) OCCUPATION

20 Number of children born to
mother, including present birth(11) AGE AT LAST
BIRTHDAY 36
(Year)(14) NAME BEFORE
MARRIAGE William Brown(16) PRESENT
POSTOFFICE
OF MOTHER(18) COLOR
OR
RACE

(19) BIRTHPLACE

(17) OCCUPATION

(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 born alive or stillborn (Born alive or stillborn) (M. or P. M.)
on the date above stated.(23) (Signature) Midwife

(24) State whether Physician or Midwife

(25) Address of Phys.

or Midwife

(Given name added from a supplement-
tal report)

(26) Witness

(Signature of Witness necessary only
when question 23 is signed by mark)(27) Filed July 11, 1924

(28) 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.