

SPARTANBURG, SOUTH CAROLINA
 Bureau of Vital Statistics
 State House of Health

File No. **19107**

Child of **Woodruff** Registration District No. **40-B** Registered No. **48**
 (For use of Local Registrar)

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

Full Name of Child **Horace Edwin Brown** If child is not yet named, make supplemental report as directed

SEX Boy	(4) Twin or Triplet?	(5) Number in order of birth	(6) Age Parents Married 2 1/2	(7) DATE OF BIRTH June 15 23 (Month of Month) (Day) (Year)
FATHER Luther Edwin Brown			(14) NAME BEFORE MARRIAGE Bessie Long	
MOTHER Woodruff S.C.			(15) PRESENT POSTOFFICE OF MOTHER Woodruff S.C.	
COLOR OR RACE White			(17) AGE AT LAST BIRTHDAY 34 (Year)	
BIRTHPLACE Laurens Co.			(18) BIRTHPLACE Spartanburg Co.	
OCCUPATION Rolling Mill Operator			(19) OCCUPATION Domestic	
Number of children born to mother, including present birth 7			(20) Number of children of this mother now living, including present birth 6	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was **Alive**, on **June 15 1923** (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature) **O. H. McCord**

(23) State whether Physician or Midwife **Phys.** (24) Address of Physician or Midwife **Woodruff S.C.**

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

(26) Filed **July 9 1923** (27) **Chas. L. Boyles** Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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.