

Form No. 1

(1) PLACE OF BIRTH

Sumter

County of

Township of Privateer

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

4104

Registration District No.

File No. — For State Registrar Only

19325

Registered No. 51
(For use of Local Registrar)(No. 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 Eddie Brown

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

3. BOY OR GIRL

Boy

4. Twin or Triplet
To be answered only in event of Twin or Triplet

5. Number in order of birth

6. Are Parents Married? yes

7. DATE OF BIRTH
June-15-23
(Name of Month) (Day) (Year)

FATHER.

8. FULL NAME

Emanuel Brown

9. PRESENT POSTOFFICE OF FATHER

Sumter, S.C. No. 2.

10. COLOR OR RACE

Colored

11. AGE AT LAST BIRTHDAY

23
(Years)

12. BIRTHPLACE

Sumter Co. S.C.

13. OCCUPATION

Farm Laborer

20. Number of children born to mother, including present birth

TWO

MOTHER.

14. NAME BEFORE MARRIAGE

Susan Durant.

15. PRESENT POSTOFFICE OF MOTHER

Sumter, S.C. No. 2.

16. COLOR OR RACE

Colored

17. AGE AT LAST BIRTHDAY

31
(Years)

18. BIRTHPLACE

Clarendon Co. S.C.

19. OCCUPATION

House and Field work.

21. Number of children of this mother now living, including present birth

TWO

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was, Alive, as I. A. M., on the date above stated. (Birth or Stillborn) (I. A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

Midwife

Sumter, S.C. No. 8

(Given name added from a supplemental report)

(25) Witness

(Signature of Witness necessary only when question 23 is signed "Stillborn")

6-20-1923

(27) Filed

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(28)

Local Registrar

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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.