

Form No. 1

(1) PLACE OF BIRTH

County of FairfieldTownship of # 10or
Inc. Town ofor
City of(No. St. Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

30090

Registration District No. 19.0.9. Registered No. 27.....
(For use of Local Registrar)(2) Full Name of Child Marie Brown If child is not yet named, make supplemental report as directed(3) BOY OR GIRL girl (4) Twin or Triplet? To be answered only in event of Twin or Triplets (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH 21st, 3d, 19, 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Jim Brown(9) PRESENT POSTOFFICE OF FATHER Wimmlers S.C.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 37
(Years)(12) BIRTHPLACE Fairfield Co. S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 9

MOTHER.

(14) NAME BEFORE MARRIAGE Eugenia Ellison(15) PRESENT POSTOFFICE OF MOTHER Wimmlers S.C.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 35
(Years)(18) BIRTHPLACE Fairfield Co. S.C.(19) OCCUPATION Farmer(21) Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Lorn alive at 4 P.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Benjamin Sander(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Wimmlers S.C.

Given name added from a supplemental report

(26) Witness Mrs. E. G. Hardy
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Oct 7, 1922 (28) E. G. Hardy
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.

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 5.

MOBAY OF COLUMBIA, COLUMBIA, S. C.