

Form No. 1

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. — For State Registrar Only

42200

County of Orangeburg

Township of Orangeburg

or

Inc. Town of

or

City of

Registration District No. 3611

Registered No. 47

(For use of Local Registrar)

(No. Ward)

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

(2) Full Name of Child William Brown If child is not yet named, make supplemental report as directed

1) SEX OF CHILD <u>Boy</u>	4) Twin or Triplet? To be answered only in event of Twin or Triplet	5) Number in order of birth	6) Age of Parents <u>40</u>	7) DATE OF BIRTH <u>Oct 30, 1923</u> (Name of Month) (Day) (Year)
FATHER			MOTHER	
1) FULL NAME <u>John Brown</u>			14) NAME BEFORE MARRIAGE <u>Rose Russell</u>	
2) PRESENT POSTOFFICE OF FATHER <u>Wayton</u>			15) PRESENT POSTOFFICE OF MOTHER <u>Wayton</u>	
16) COLOR OR RACE <u>negro</u>	11) AGE AT LAST BIRTHDAY <u>24</u> (Years)	17) COLOR OR RACE <u>negro</u>	12) AGE AT LAST BIRTHDAY <u>22</u> (Years)	
12) BIRTHPLACE <u>Orangeburg Co.</u>			16) BIRTHPLACE <u>Orangeburg Co.</u>	
13) OCCUPATION <u>Navigator</u>			15) OCCUPATION <u>House wife</u>	
20) Number of children born to mother, including present birth <u>1</u>			21) Number of children of this mother now living, including present birth <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child who was Born alive at 1 P. M. on the date above stated. (Born alive or stillborn) Hour P. M. or P. M.)

(23) (Signature) Susanna Rorback
(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Wayton

Given name added from a supplemental report

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

(27) Filed 12/29/23 (28) W. W. Green
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.