

Form No. 1

(1) PLACE OF BIRTH

County of DorchesterTownship of Rogeror
Inc. Town ofor
City of

(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

30002

Registration District No. 1705Registered No. 58
(For use of Local Registrar)(2) Full Name of Child William Brown

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

(3) BOY OR GIRL Boy(4) Twin or Triplet? 1

To be answered only in case of Twins or Triplets

(5) Number in order of birth 9(6) Are Parents Married? yes(7) DATE OF BIRTH Sept 8 1922

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME J. W. Brown(9) PRESENT POSTOFFICE OF FATHER Reesessville N.C.(10) COLOR OR RACE Negro(11) AGE AT LAST BIRTHDAY 46
(Years)(12) BIRTHPLACE N.C.(13) OCCUPATION Minning(20) Number of children born to mother, including present birth 9

MOTHER.

(14) NAME BEFORE MARRIAGE Addie Fredrick(15) PRESENT POSTOFFICE OF MOTHER Reesessville N.C.(16) COLOR OR RACE Negro(17) AGE AT LAST BIRTHDAY 37
(Years)(18) BIRTHPLACE N.C.(19) OCCUPATION Housewife(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 Born alive at B.R. M., on the date above stated. (Reside or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. W. Brown(24) State whether Physician or Midwife (25) Address of Physician or Midwife Father of Child Reesessville N.C.

Given name added from a supplemental report

(26) Witness E. O. Oberhardt

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

(27) Filed Sept 16 1922(28) E. O. Oberhardt 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.