

Form No. 1

(1) PLACE OF BIRTH

County of GeorgetownTownship of 7thor Inc. Town of Wadley, SC

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

17699

Registration District No. 7103 Registered No. 86
(For use of Local Registrar)(No. St.; Ward)
City of

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

(2) Full Name of Child Jane Brown If child is not yet named, make supplemental report as directed(3) Sex of Child Female (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH Jan 12, 1923
(Name of Month) (Day) (Year)

FATHER			MOTHER		
(8) FULL NAME <u>James Brown</u>	(14) NAME BEFORE MARRIAGE <u>Mary Small</u>		(14) NAME BEFORE MARRIAGE <u>Mary Small</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Andrew, SC</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Andrew, SC</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Andrew, SC</u>		
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>21</u> (Years)		(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>19</u> (Years)	
(12) BIRTHPLACE <u>Savannah Ga</u>			(18) BIRTHPLACE <u>Georgetown, Conf SC</u>		
(13) OCCUPATION <u>Labour S. A. L. Ry</u>			(19) OCCUPATION <u>Home girl</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 (Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) Elysa Small Midwife
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Andrew, SC

(Given name added from a supplemental report)

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

(27) Filed Jan 15, 1923 (28) W. B. Bailey 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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.

Bureau of Vital Statistics, Columbia, S. C.