

## (1) PLACE OF BIRTH

County of .....

Township of .....

or  
Inc. Town of .....or  
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

12222

Registration District No. .... Registered No. ....  
(For use of Local Registrar)

(No. .... St. .... Word)

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

(2) Full Name of Child Walter Brown(3) BOY OR GIRL boy (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married yes (7) DATE OF BIRTH March 8, 1923  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Isaac Brown(9) PRESENT POSTOFFICE OF FATHER Sumter S.C.(10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 25  
(Year)(12) BIRTHPLACE Sumter S.C.(13) OCCUPATION Pressing clothes.(14) NAME BEFORE MARRIAGE Willie Thompson(15) PRESENT POSTOFFICE OF MOTHER Sumter S.C.(16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 23  
(Year)(18) BIRTHPLACE Sumter S.C.(19) OCCUPATION Housekeeping(20) Number of children born to mother, including present birth 1 3(21) Number of children of this mother now living, including present birth 1 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) (Hour A. M. or P. M.)

(23) on the date above stated.

(24) (Signature) Midwife Agness Joe

(25) State whether Physician or Midwife

(26) Address of Physician or Midwife

Given name added from a supplemental report

(27) Witness Midwife Agness Joe

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

(29) Filed ..... (30) 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.