

Form No. 1

(1) PLACE OF BIRTH

County of ConroeTownship of Lincoln

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.)

(2) Full Name of Child James Wesley Brown(3) SEX OR GUILD Boy (4) Twin or Triplet No (5) Number in order of birth 1 (6) Date of Birth Mar. 5-23 (7) Name of Month (Day) (Year)

FATHER.

(8) FULL NAME Paul Brown

(9) PRESENT POSTOFFICE OF FATHER Pendleton

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 24 (Year)

(12) BIRTHPLACE Hall, Co. Ga.

(13) OCCUPATION Farmer

(14) NAME BEFORE MARRIAGE Eric Durham

(15) PRESENT POSTOFFICE OF MOTHER Pendleton

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 18 (Year)

(18) BIRTHPLACE Anderson, Co.

(19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth Two

(21) Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 11 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mrs. W. H. Durham (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness 4/10/23 (Signature of witness necessary only when question 24 is signed by male)(27) Filed 19 (28) J. H. Hopper 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.

MARGIN RESERVED FOR BINDING.

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

IN R.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and make the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

Revised by Columbia, Columbia, S. C.