

(1) PLACE OF BIRTH

County of Wallerboro
Township of Wallerboro
or
Inc. Town of
or
City of (No. St. Ward)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

924

Registration District No. 1409

Registered No. 29
(For use of Local Registrar)

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

(2) Full Name of Child David Brown

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

(3) BOY OR GIRL Boy

(4) Twin or Triplets

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH

Jan 6, 1922
(Name Month) (Day) (Year)

FATHER

(8) FULL NAME Benjamin Brown

(9) PRESENT POSTOFFICE OF FATHER Wallerboro S.C.

(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 34 (Years)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Harmon

(20) Number of children born to mother, including present birth 4

MOTHER

(14) NAME BEFORE MARRIAGE Lou Austin

(15) PRESENT POSTOFFICE OF MOTHER Wallerboro S.C.

(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 20 (Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born Clinic 109 on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) Miller Johnson

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Wallerboro S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Feb 10, 1922 (28) 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.