

Form No. 1

(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

20455

Registration District No. 4305

Registered No. 57
(For use of Local Registrar)

(2) Full Name of Child

Curl Brown

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

(3) BOY OR GIRL

Boy

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF

BIRTH June 14th 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Orinston Brown

(9) PRESENT POSTOFFICE OF FATHER

Laurel S.C.

(10) COLOR OR RACE

negro

(11) AGE AT LAST BIRTHDAY

7 7
(Years)

(12) BIRTHPLACE

Williamsburg co. S.C.

(13) OCCUPATION

Farm laborer

MOTHER.

(14) NAME BEFORE MARRIAGE

Lucie Morant

(15) PRESENT POSTOFFICE OF MOTHER

Laurel S.C.

(16) COLOR OR RACE

negro

(17) AGE AT LAST BIRTHDAY

31
(Years)

(18) BIRTHPLACE

Williamsburg co. S.C.

(19) OCCUPATION

Farm laborer

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

1 7

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

6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 7:00 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Caroline June

(24) State whether Physician or Midwife

midwife

(25) Address of Physician or Midwife

Laurel S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed

June 14th 1922

(28)

P. B. Mosley 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.
N. B.—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.

MEDICAL COLUMBIA, COLUMBIA, S. C.