

Form No. 1

(1) PLACE OF BIRTH

County of Lyle Co.Township of 1stor
Inc. Town of.....or
City of Bishopville(No. St.; Ward)
(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

31084

Registration District No. 3001Registered No. 54

(For use of Local Registrar)

(2) Full Name of Child Buler Brown

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

(3) BOY OR GIRL Girl

(4) Twin or Triplet?

(5) Number in order of birth one(6) Are Parents Married? Yes(7) DATE OF BIRTH Sept. 19 22

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Francis Brown(9) PRESENT POSTOFFICE OF FATHER Dartman(10) COLOR OR RACE Col(11) AGE AT LAST BIRTHDAY 33
(Years)(12) BIRTHPLACE SC(13) OCCUPATION Dartman(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Gabe Yang(15) PRESENT POSTOFFICE OF MOTHER Bishopville(16) COLOR OR RACE Col(17) AGE AT LAST BIRTHDAY 28
(Years)(18) BIRTHPLACE SC(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of th's child, who was..... alive at 9 A.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Grace Boman

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed Sept 12, 1922

(28)

Estelle Outlaw
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.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. MAKE ONE COPY OF THIS OR TRIPLETS AND A SEPARATE PLAIN FOR EACH CHILD, AND MAKE THE FIRST COPY, No. 1, THE OTHER, No. 2, etc., in copies 2, 3, 4, etc.

BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.