

Form No. 1

(1) PLACE OF BIRTH

County of Anderson

Township of Millington

or  
Inc. Town of Rezer

or  
City of .....

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

(2) Full Name of Child Edward Brown

(3) BOY OR GIRL boy

(4) Type or Traction  
To be answered only in event of Twin or Triplet

(5) Number in order of birth 2

(6) Are Parents Married yes

(7) DATE OF BIRTH

Jan 15 - 23  
(Month of Month) (Day) (Year)

(8) FULL NAME

Earl Brown

(9) PRESENT POSTOFFICE OF FATHER

Peyser So

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY 20  
(Years)

(12) BIRTHPLACE

Kc

(13) OCCUPATION

Mill Work

(14) Number of children born to mother, including present birth 2

(14) NAME BEFORE MARRIAGE

Maggie Evans

(15) PRESENT POSTOFFICE OF MOTHER

Peyser So

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY 18  
(Years)

(18) BIRTHPLACE

Peyser

(19) OCCUPATION

Domestic & Mill

(20) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was Alive on the date above stated. 3 A M.

(22) (Signature) W. R. Kenney

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife Peyser So

Given name added from a supplemental report

(25) Witness

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

(26) Filed Feb 6 - 23

(27) Local Registrar W. R. Kenney

\*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 stillborns before the fifth month of pregnancy.