

Form No. 1

(1) PLACE OF BIRTH

County of Lee
Township of W. C. Claiborne
or
Inc. Town of
or
City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

43392

Registration District No. 3004 Registered No. 50
(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 Mary Ellen Brown (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Dec 22, 1912
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Hossain Brown
(9) PRESENT POSTOFFICE OF FATHER Bishopville S.C.
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 30
(12) BIRTHPLACE Lee Co.
(13) OCCUPATION Farming
(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Polk
(15) PRESENT POSTOFFICE OF MOTHER Bishopville S.C.
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 23
(18) BIRTHPLACE Lee Co.
(19) OCCUPATION House wife
(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 this child, who was born alive at Lee Co., S.C. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) H. J. Matthews (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Lee Co., 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 Dec 22, 1912 (28) Newton Elmore 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.