

Form No. 1

## (1) PLACE OF BIRTH

County of Williamburg  
 Township of Swanton  
 or  
 Inc. Town of .....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only  
32684

Registration District No. 4310 Registered No. 23  
 (For use of Local Registrar)

City of ..... (No. .... St.; .... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Bernese 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 Sept 7, 22  
 (Name) (Month) (Day) (Year)

## FATHER.

(8) FULL NAME Durley Brown  
 (9) PRESENT POSTOFFICE OF FATHER Lake City S.C.  
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 27  
 (Year) (12) BIRTHPLACE SC

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Hettie Johnson  
 (15) PRESENT POSTOFFICE OF MOTHER Lake City S.C.  
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 17  
 (Year) (18) BIRTHPLACE SC

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) Elsie McClure  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Lake City 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 Sept 10, 22 (28) Mr Wm Fitch 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.

NOTE.—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.

RECEIVED AT COLUMBIA, S. C.