

(1) PLACE OF BIRTH

County of Barrow
Township of Hillbiter
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

308

Registration District No. 513

Registered No. 1
(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 Marie 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 Jan 10 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Marion Brown

(9) PRESENT POSTOFFICE OF FATHER Stations SC

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 22
(Year)

(12) BIRTHPLACE SC

(13) OCCUPATION Farm Hand

(14) Number of children born to mother, including present birth 12

MOTHER.

(14) NAME BEFORE MARRIAGE Ada Barrett

(15) PRESENT POSTOFFICE OF MOTHER Stations SC

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 21
(Year)

(18) BIRTHPLACE SC

(19) OCCUPATION Wife & keeps home

(21) Number of children of this mother now living, including present birth 12

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 3 P. M. on the date above stated. (If born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Marie Brown

(24) State whether Physician or Midwife Midwife Address of Physician or Midwife Stations SC

Given name added from a supplemental report

(25) Witness J. H. Johnson
(Signature of Witness necessary only when question 23 is signed by mark)

(26) Filed Jan 17 1923 (27) (Signature) J. H. Johnson

When there was no attending physician or midwife, then the father, householder, or other person who first reports the birth of a child breathes even once, it must not be reported as stillborn. No report is required before the fifth month of pregnancy.