No. 1

(1) PLACE OF BIRTH

County of Florence

Township of Jamesa Roads

or

Inc. Town of .....

or

City of ..... (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: 34400

Registration District No. 2066 Registered No. 31

(For use of Local Registrar)

(2) Full Name of Child Catherine Brown (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL: Girl

(4) Twin or Triplet? To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH: May 23 1922 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME: Edd Brown

(9) PRESENT POSTOFFICE OF FATHER: Timmonsville S.C.

(10) COLOR OR RACE: W

(11) AGE AT LAST BIRTHDAY: 30 (Years)

(12) BIRTHPLACE: Florence Co.

(13) OCCUPATION: Farmer

(20) Number of children born to mother, including present birth: 3

MOTHER.

(14) NAME BEFORE MARRIAGE: Marietta Humphrey.

(15) PRESENT POSTOFFICE OF MOTHER: Timmonsville S.C.

(16) COLOR OR RACE: W

(17) AGE AT LAST BIRTHDAY: 24 (Years)

(18) BIRTHPLACE: Florence Co

(19) OCCUPATION: Housework

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 12 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. E. Stokes

(24) State whether Physician or Midwife: M. D.

(25) Address of Physician or Midwife: Timmonsville S.C.

Given name added from a supplemental report .....

..... 19 .....
Registrar

(26) Witness .....
(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Oct. 30 1922 (28) Mrs. O. H. Humphrey
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.

McCaw of Columbia, Columbia, S. C.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.