

Form No. 1

(1) PLACE OF BIRTH

County of FairfieldTownship of WinnboroInc. Town of WinnboroCity of Winnboro

(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

Registration District No. 19-a Registered No. 29

(For use of Local Registrar)

(2) Full Name of Child Charles Brown

If child is not yet named, make supplemental report as directed

(3) SEX OR GENDER Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH July 24, 1923
(Name of Month) (Day) (Year)

FATHER
(8) FULL NAME Charles Brown(9) PRESENT POSTOFFICE OF FATHER Winnboro SC(10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 32
(Year)(12) BIRTHPLACE Fairfield Co. SC(13) OCCUPATION Pub Worker(20) Number of children born to mother, including present birth 6MOTHER
(14) NAME BEFORE MARRIAGE Anna McCalhoun(15) PRESENT POSTOFFICE OF MOTHER Winnboro SC(16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 27
(Year)(18) BIRTHPLACE Fairfield Co(19) OCCUPATION cook(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 10 M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Samuel X Young(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Winnboro SC

Given name added from a supplemental report

(26) Witness Mrs Margaret Haynes
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed July 30, 1923 (28) J. M. Haynes
Registrar 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.