

Form No. 1

(1) PLACE OF BIRTH

County of Wm. burg
 Township of Lanes
 or
 Inc. Town of
 or
 City of

(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

32652

Registration District No. 4305 Registered No. 73
 (For use of Local Registrar)

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? Yes (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Sept 9-1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Bonnie Browder(9) PRESENT POSTOFFICE OF FATHER Lanes, S.C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 3 (Years)(12) BIRTHPLACE Wm. burg co., S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 8

MOTHER.

(14) NAME BEFORE MARRIAGE Annie Browder(15) PRESENT POSTOFFICE OF MOTHER Lanes, S.C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 30 (Years)(18) BIRTHPLACE Wm. burg co., S.C.(19) OCCUPATION Housework(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Rose Grant
 (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Lanes, 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 12-1922 (28) A. R. Moseley 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.

MARGIN RESERVED FOR BINDING.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 N. B.—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.

MOGAW OF COLUMBIA, COLUMBIA, S. C.