

Form No. 1

(1) PLACE OF BIRTH

County of Beaufort
 Township of Sheldon
 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

37326

Registration District No. 603BRegistered No. 100
(For use of Local Registrar)

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

(3) SEX OR GIRL Girl (4) Yes (5) Number in order of birth 6 (6) Are Parents Married? Yes (7) DATE OF BIRTH Nov 29 19 22
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Jim Brown
 (9) PRESENT POSTOFFICE OF FATHER Yemassee
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 47
 (12) BIRTHPLACE Beaufort Co
 (13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Mamie Larey
 (15) PRESENT POSTOFFICE OF MOTHER Yemassee
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 37
 (18) BIRTHPLACE Beaufort Co
 (19) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 6

(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF

(22) I hereby certify that I attended the birth of this child, who was born alive at 6 P. M., on the date above stated.

Attending Physician or Midwife Catherine Green
 (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 19 (28) 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.