

Form No. 1

## (1) PLACE OF BIRTH

County of

Orangeburg

Township of

Providence

OF

Inc. Town of

OF

City of

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only

36008

Registration District No.

3614

Registered No. 131  
(For use of Local Registrar)

City of

(No.

84; Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

## (2) Full Name of Child

Lecil Brown

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

(3) BOY OR GIRL

girl

(4) Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married

yes

(7) DATE OF BIRTH Oct 17, 1922  
(Name of Month) (Day) (Year)

## FATHER

(8) FULL NAME

Walter Brown

(9) PRESENT POSTOFFICE OF FATHER

Vance S C

(10) COLOR OR RACE

Colored

(11) AGE AT LAST BIRTHDAY 39  
(Years)

(12) BIRTHPLACE

Orangeburg Co

(13) OCCUPATION

Farmer

## MOTHER

(14) NAME BEFORE MARRIAGE

Lovie White

(15) PRESENT POSTOFFICE OF MOTHER

Vance S C

(16) COLOR OR RACE

Colored

(17) AGE AT LAST BIRTHDAY 24  
(Years)

(18) BIRTHPLACE

Orangeburg Co

(19) OCCUPATION

House Wife

(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 ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was

alive at 8 P.M.  
(Born alive or stillborn) (Hour, M. or P.M.)

on the date above stated.

(23) (Signature)

Lizzie Johnson

(24) State whether Physician or Midwife

midwife

(25) Address of Physician or Midwife

Vance S C

Given name added from a supplemental report

(26) Witness

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

(27) Date

Oct 28, 1922

(28) Local Registrar

J. P. Dantler

\*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.

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 3.

McGraw-Hill, Columbia, S. C.