

Form No. 1

(1) PLACE OF BIRTH

County of Clarendon
 Township of Manning
 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

37863

Registration District No. 13.07 Registered No. 56
 (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 Lillie May 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 Sept. 10, 1922
 (Name of Month) (Day) (Year)

FATHER.

8) FULL NAME Arthur Baxter Brown
 9) PRESENT POSTOFFICE OF FATHER Payville S.C.
 10) COLOR OR RACE White 11) AGE AT LAST BIRTHDAY 22 (Years)
 12) BIRTHPLACE Clarendon Co., S.C.
 13) OCCUPATION Farming
 20) Number of children born to mother, including present birth 4

MOTHER.

14) NAME BEFORE MARRIAGE Lillie Viola Ridgeway
 15) PRESENT POSTOFFICE OF MOTHER Payville S.C.
 16) COLOR OR RACE White 17) AGE AT LAST BIRTHDAY 21 (Years)
 18) BIRTHPLACE Clarendon Co., S.C.
 19) OCCUPATION Housewife
 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 Sept. 10 at 1 P.M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Charles B. Heiger M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

PhysicianManning 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 Oct. 27 19 27

(28)

Ap. White 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.

NOTES TO REGISTRARS: THIS IS A PERMANENT RECORD. IT IS THE DUTY OF THE REGISTRAR TO SEE THAT IT IS CORRECTLY FILLED OUT. IF IT IS NOT, THE REGISTRAR SHOULD BE INFORMED. IF THE REGISTRAR IS NOT SURE OF THE CORRECTNESS OF THE INFORMATION, HE SHOULD ASK THE FATHER OR MOTHER TO SIGN A STATEMENT TO THE EFFECT THAT THE INFORMATION IS TRUE. IF THE REGISTRAR IS NOT SURE OF THE CORRECTNESS OF THE INFORMATION, HE SHOULD ASK THE FATHER OR MOTHER TO SIGN A STATEMENT TO THE EFFECT THAT THE INFORMATION IS TRUE. IF THE REGISTRAR IS NOT SURE OF THE CORRECTNESS OF THE INFORMATION, HE SHOULD ASK THE FATHER OR MOTHER TO SIGN A STATEMENT TO THE EFFECT THAT THE INFORMATION IS TRUE.