

Form No. 1

(1) PLACE OF BIRTH

County of Marion  
 Township of Liberty  
 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  
**15059**

Registration District No. .... Registered No. 30  
 (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

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

1. BOY OR GIRL <u>Boy</u>	4. Twin or Triplet? To be answered only in event of Twin or Triplet	5. Number in order of birth	6. Are Parents Married? <u>Yes</u>	7. DATE OF BIRTH <u>Jan 13, 1923</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
8. FULL NAME <u>Grant Brewster</u>			14. NAME BEFORE MARRIAGE <u>Estelle Davis</u>	
9. PRESENT POSTOFFICE OF FATHER <u>Centenary A.C.</u>			15. PRESENT POSTOFFICE OF MOTHER <u>Centenary A.C.</u>	
10. COLOR OR RACE <u>Negro</u>	11. AGE AT LAST BIRTHDAY <u>32</u> (Years)	16. COLOR OR RACE <u>Negro</u>	17. AGE AT LAST BIRTHDAY <u>28</u> (Years)	
12. BIRTHPLACE <u>Marion County</u>			18. BIRTHPLACE <u>Marion County</u>	
13. OCCUPATION <u>Laborer</u>			19. OCCUPATION <u>Housewife</u>	
20. Number of children born to mother, including present birth <u>7</u>			21. Number of children of this mother now living, including present birth <u>5</u>	

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(22) I hereby certify that I attended the birth of this child, who was White ..... at 6 P. M.,  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Ellen Williams  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Marion County

(Given name added from a supplemental report)

(26) Witness W. A. Howell  
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed May 15, 1923 (28) W. A. Howell  
 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