

Form No. 1

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town ofor
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

No. 3254

3254

Registration District No. 901

Registered No. 28
(For use of Local Registrar)

(2) Full Name of Child

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

a SEX OR
CHILD

Boy

b Type
or Triplec Number in
order of birthd Are
Twin
Markede DATE OF
BIRTH

Feb 27, 1923

To be answered only in case of Twin or Triple

(Name of Month) (Day) (Year)

FATHER

f FULL
NAME

Willy Brown

g PRESENT
RESIDENCE
OF FATHER

1114 Hazen

h COLOR
OF
FATHER

Negro

(11) AGE AT LAST
BIRTHDAY 23
(Year)

(12) BIRTHPLACE

Charleston Co

(13) OCCUPATION

Laborer

MOTHER

(14) NAME BEFORE
MARRIAGE

Robt E Singleton

(15) PRESENT
RESIDENCE
OF MOTHER

1114 Hazen

(16) COLOR
OF
MOTHER

Negro

(17) AGE AT LAST
BIRTHDAY 17
(Year)

(18) BIRTHPLACE

Charleston Co

(19) OCCUPATION

house work

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

1 son

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

1 son

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 12 o'clock
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Jain Smith

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Midwife

1114 Hazen

Given under my hand and seal of office

(26) Witness

(Signature of witness necessary only
when question is signed by mark)

(27) Date

Feb 28, 1923

(28)

L. D. Lamb