

Form No. 1

## (1) PLACE OF BIRTH

County of AndersonTownship of Hopkintonor  
Inc. Town of Robertvilleor  
City of 

(No. .... Street ..... Ward)

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

(2) Full Name of Child Peggy H. Browning If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Term or Triplet <u></u>	(5) Number in order of birth <u>3</u> <small>To be answered only in event of Twins or Triplets</small>	(6) Are Parents Married <u>yes</u>	(7) DATE OF BIRTH <u>Dec 25 1923</u> <small>(Name of Month) (Day) (Year)</small>
-----------------------------	-----------------------------	---	------------------------------------	---

## FATHER.

(8) FULL NAME <u>W.H. Browning</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Pelzer</u>	(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>36</u> <small>(Year)</small>	(12) BIRTHPLACE <u>Anderson County</u>
------------------------------------	--	---------------------------------	--	--

(13) OCCUPATION <u>Insurance Agt</u>	(14) NAME BEFORE MARRIAGE <u>Margie Fenell</u>
--------------------------------------	--

(15) PRESENT POSTOFFICE OF MOTHER <u>Pelzer</u>	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>26</u> <small>(Year)</small>
---	---------------------------------	--

(18) BIRTHPLACE <u>Orange County</u>	(19) OCCUPATION <u>Domestics</u>
--------------------------------------	----------------------------------

(20) Number of children born to mother, including present birth <u>3</u>	(21) Number of children of this mother now living, including present birth <u>3</u>
--	---

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 8 A.M.  
on the date above stated.  
(For stillborn, see question 23) (Hour A.M. or P.M.)

(23) (Signature) Dr. W. E. Clegg (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Clegg St

\*When name added from a supplemental report

(26) Witness J. L. Clegg (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Jan 2 1924 (28) Local Registrar M. G. Clegg

\*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.