

Form No. 1

## (1) PLACE OF BIRTH

County of Barnwell

Township of .....

or  
Inc. Town of .....or  
City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 501

File No.—For State Registrar Only

28933Registered No. 45  
(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 Bartha Vogel Brown

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

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <u>To be answered only in event of Twin or Triplets</u>	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Sept 24, 22</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME Thomas Vogel Brown(9) PRESENT POSTOFFICE OF FATHER Barnwell S.C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 26  
(Years)(12) BIRTHPLACE Winnabow S.C.(13) OCCUPATION Veterinarian(20) Number of children born to mother, including present birth 2

## MOTHER.

(14) NAME BEFORE MARRIAGE Gertrud Stevenson(15) PRESENT POSTOFFICE OF MOTHER Barnwell S.C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 27  
(Years)(18) BIRTHPLACE Barnwell S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 9 a M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Dr. A. H. Hensley(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Barnwell 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 10, 22 (28) H. F. Kirkland  
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.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
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 5.

MCCAW OF COLUMBIA, S. C.