

Form No. 1

(1) PLACE OF BIRTH

County of Spartanburg
 Township of Beech Spgs.
 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

36398

Registration District No. 40-C Registered No. 162
 (For use of Local Registrar)

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

(2) Full Name of Child E. J. Brown

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

(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Oct 5 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME E. J. Brown

(9) PRESENT POSTOFFICE OF FATHER Inman, S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 36
 (Year)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Ex-Soldier - Student

(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Jora Gowan

(15) PRESENT POSTOFFICE OF MOTHER Inman, S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 22
 (Year)

(18) BIRTHPLACE S.C.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 3.30 A.M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. H. Gibson M.D.(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Inman, 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 6 1922 (28) E. J. Brown 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.