

Form No. 1

(1) PLACE OF BIRTH

County of ColletonTownship of Broxton

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. 10. - For this register only

790

Registration District No. 1.4.A.2 Registered No. 85

(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 Katherine Brown If child is not yet named, make supplemental report as directed(3) SEX Female (4) Type of Birth 1 (5) Number in order of birth 2 (6) Is child married? yes (7) DATE OF BIRTH Jan 2 1923

FATHER. MOTHER.

(8) NAME BEFORE MARRIAGE Ada Moore(9) PRESENT RESIDENCE OF FATHER Island Town, S.C. (10) PRESENT RESIDENCE OF MOTHER Island Town(11) COLOR Negro (12) AGE AT LAST BIRTHDAY 23 (13) COLOR Negro (14) AGE AT LAST BIRTHDAY 23(15) BIRTHPLACE S.C. (16) BIRTHPLACE S.C.(17) OCCUPATION Farming (18) OCCUPATION Domestic(19) Number of children born to mother, including present one 12 (20) Number of children of this mother now living, including present one 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was Alive at 4 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) Anna Moore (23) State whether Physician or Midwife Midwife (24) Address of Physician or Midwife Hampton, S.C.

Given name added from a supplemental report

(25) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(26) Signed Jan 2 1923 (27) Mrs. G. M. Gentry

*When there was no attending physician or midwife, then the father, householder, etc., should make the report. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirth before the fifth month of pregnancy.