

Form No. 1

## (1) PLACE OF BIRTH

County of LeeTownship of Stoked Bridgeor  
Mrs. Town of .....or  
City of .....

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

(2) Full Name of Child Winn

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 15 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Sid Brewer Jr.(9) PRESENT POSTOFFICE OF FATHER #6 Bishopville SC(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 22  
(Years)(12) BIRTHPLACE Lee Co SC(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Annie May Phillips(15) PRESENT POSTOFFICE OF MOTHER #6 Bishopville SC(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 20  
(Years)(18) BIRTHPLACE Chesterfield Co SC(19) OCCUPATION Domestic(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 Female at 11 P. M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Phillie Rush(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Bishopville SC

Given name added from a supplemental report

(26) Witness

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

(27) Filed Jan 1 1923(28) R M Smith  
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.