

Form No. 1

(1) PLACE OF BIRTH

County of

Mc Cormick

Township of

Edgefield

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

39370

Registration District No.

4501

Registered No.

31

(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

Chaimy Brown

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

(3) BOY OR GIRL

Girl

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Nov 30 1922

(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME

Charlie Brown

(9) PRESENT POSTOFFICE OF FATHER

Plum Branch S.C.

(10) COLOR OR RACE

Col

(11) AGE AT LAST BIRTHDAY

25

(12) BIRTHPLACE

Edgefield Co.

(13) OCCUPATION

Farmer

MOTHER

(14) NAME BEFORE MARRIAGE

Martha Garrett

(15) PRESENT POSTOFFICE OF MOTHER

Plum Branch S.C.

(16) COLOR OR RACE

Col

(17) AGE AT LAST BIRTHDAY

24

(18) BIRTHPLACE

Edgefield Co.

(19) OCCUPATION

Housewife

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

2

(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 Born alive at 7 a.m. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Mary Garrett

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Plum Branch

Given name added from supplemental report

(26) Witness

Oda Brown

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

(27) Filed

Dec 3 1922

(28)

D. J. Vungus

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.