

Form No. 1

(1) PLACE OF BIRTH

County of CharlestonTownship of Blackstockor
Inc. Town ofor
City of(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 Willie Brown If child is not yet named, make supplemental report as directed

3) BOY OR GIRL <u>girl</u>	4) Twin or Triplet? To be answered only in event of Twins or Triplets	5) Number in order of birth <u>2</u>	6) Are Parents Married? <u>yes</u>	7) DATE OF BIRTH <u>June 17, 1922</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Thomas W. Brown(9) PRESENT POSTOFFICE OF FATHER Blackstock(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 58
(Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Julia H. B. B. Lahan(15) PRESENT POSTOFFICE OF MOTHER Blackstock(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 41
(Years)(18) BIRTHPLACE S.C.(19) OCCUPATION House Laborer(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 at 4 A.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. H. Brown

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Blackstock

Given name added from a supplemental report

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

(27) Filed 6/20 1922 (28) J. E. Conover 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.