

Form No. 1

(1) PLACE OF BIRTH

County of Richland
 Township of part
 or
 Inc. Town of
 or
 City of Columbia
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only

30942

Registration District No. 220 Registered No. 45
 (For use of Local Registrar)
 (No. 10 St. 5 Ward)

(2) Full Name of Child

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 Oct 13 1922
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME William L. Brown
 (9) PRESENT POSTOFFICE OF FATHER Columbia, S.C.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 31 (Year)
 (12) BIRTHPLACE South Carolina
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Anna H. Brown
 (15) PRESENT POSTOFFICE OF MOTHER Columbia, S.C.
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 27 (Year)
 (18) BIRTHPLACE South Carolina
 (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 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. L. H. Brown
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Columbia, S.C.

Given name added from a supplemental report

(26) Witness J. L. H. Brown
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Sept. 10, 1922 (28) J. L. H. 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.

THIS IS A PERMANENT RECORD.
 IN TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 2.