

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH ENFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc, in question 5.

Form No. 1

(1) PLACE OF BIRTH

County of Franklin
Township of H. P. C.
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
34307

Registration District No. 1949 Registered No. 34
(For use of Local Registrar)

(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 Clara Lee Brown If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL girl (4) Twin or Triplet? No. (5) Number in order of birth No. (6) Are Parents Married? No. (7) DATE OF BIRTH Oct. 12, 1922
(Name of Month) (Day) (Year)

FATHER			MOTHER		
(8) FULL NAME	<u>John Kinney</u>		(14) NAME BEFORE MARRIAGE	<u>Maester Brown</u>	
(9) PRESENT POSTOFFICE OF FATHER	<u>Winnabow S.C.</u>		(15) PRESENT POSTOFFICE OF MOTHER	<u>Winnabow S.C.</u>	
(10) COLOR OR RACE	<u>White</u>		(16) COLOR OR RACE	<u>White</u>	
(11) AGE AT LAST BIRTHDAY	<u>30</u> (Years)		(17) AGE AT LAST BIRTHDAY	<u>26</u> (Years)	
(12) BIRTHPLACE	<u>Franklin Co. S.C.</u>		(18) BIRTHPLACE	<u>Franklin Co. S.C.</u>	
(13) OCCUPATION	<u>Farmer</u>		(19) OCCUPATION	<u>Farmer</u>	
(20) Number of children born to mother, including present birth	<u>5</u>		(21) Number of children of this mother now living, including present birth	<u>5</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 5 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Julien + Madry

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Winnabow S.C.

Given name added from a supplemental report

(26) Witness Mrs. E. L. Hardy
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Oct. 16, 1922 (28) E. L. Hardy
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.