

Form No. 1

## (1) PLACE OF BIRTH

County of HarrisburgTownship of 18or  
Inc. Town of Marbletonor  
City of S.C.

# CERTIFICATE OF BIRTH STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health

File No. — For State Registrar Only  
**18537**Registration District No. 18 Registered No. 25  
(For use of Local Registrar)(2) Full Name of Child Malcolm Brown (No. .... St.; .... Ward)  
If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
If child is not yet named, make supplemental report as directed

3 BOY OR GIRL <u>1</u>	4 Twin or Triplet? <u>1</u>	5 Number in order of birth <u>7</u>	6 Are Parents Married? <u>1</u>	7 DATE OF BIRTH <u>June 16, 1922</u> (Month) (Day) (Year)
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## FATHER.

8 FULL NAME Edw. Brown9 PRESENT POSTOFFICE OF FATHER Sumter10 COLOR OR RACE 18 (11) AGE AT LAST BIRTHDAY 25  
(Years)12 BIRTHPLACE S.C.13 OCCUPATION 114 Number of children born to mother, including present birth 4

## MOTHER.

(14) NAME BEFORE MARRIAGE Rebecca Brown(15) PRESENT POSTOFFICE OF MOTHER Sumter(16) COLOR OR RACE 18 (17) AGE AT LAST BIRTHDAY 26  
(Years)(18) BIRTHPLACE S.C.(19) OCCUPATION None(20) Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born at 8 A.M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Clara Hays (24) State whether Physician or Midwife  
(25) Address of Physician or Midwife Sumter

Given name added from a supplemental report

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

(27) Filed 24 June 1922 (28) C. B. Webb 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.