

Form No. 1

## (1) PLACE OF BIRTH

County of BeaufortTownship of Beaufort

or

Inc. Town of .....

or

City of .....

(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

29029

Registration District No. .... Registered No. 71

(For use of Local Registrar)

(2) Full Name of Child May Belle Borden

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

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Sept 14 1922

(Name) (Month) (Day) (Year)

## FATHER.

(8) FULL NAME

W. L. Brown

(9) PRESENT POSTOFFICE OF FATHER

Yemassee

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

31

(Years)

(12) BIRTHPLACE

Beaufort S.C.

(13) OCCUPATION

Farmer

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

6

## MOTHER.

(14) NAME BEFORE MARRIAGE

Lydie Whaley

(15) PRESENT POSTOFFICE OF MOTHER

Yemassee

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

30

(Years)

(18) BIRTHPLACE

Beaufort S.C.

(19) OCCUPATION

House Wife

(21) Number of children of this mother now living, including present birth

6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 10 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Catherine Green

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

19

(28)

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.

SEPARATE BLANK FOR EACH CHILD, and make the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

RECAP OF COLUMBIA, COLUMBIA, S. C.