

Form No. 1

(1) PLACE OF BIRTH

County of Calhoun
Township of Ward
or
Inc. Town of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
27362

Registration District No. 804 Registered No. 35
(For use of Local Registrar)

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

3) ~~BOY OR GIRL~~ 4) Twin or Triplet? 5) Number in order of birth 7 6) Are Parents Married? Yes 7) DATE OF BIRTH Sept 20 1923
(Name of Month) (Day) (Year)

FATHER
8) FULL NAME Sam Brown
9) PRESENT POSTOFFICE OF FATHER Gaston
10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 30 (Years)
12) BIRTHPLACE Lexington
13) OCCUPATION Farmer
20) Number of children born to mother, including present birth 7

MOTHER
14) NAME BEFORE MARRIAGE Hester Foughten
15) PRESENT POSTOFFICE OF MOTHER Gaston
16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 28 (Years)
18) BIRTHPLACE Lexington
19) OCCUPATION Housewife
21) Number of children of this mother now living, including present birth 7

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) Shelley Wright
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Gaston

Given name added from a supplemental report
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..... 19 ..
Registrar

(26) Witness J. S. Bellinger (Signature of Witness necessary only when question 23 is signed by mother)
(27) Filed Sept 23 1923 (28) J. S. Bellinger Local Registrar

*When there was no attending physician or midwife, then the father, household, etc., should make this report. 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.