

Form No. 1

(1) PLACE OF BIRTH

County of CalhounTownship of Wardor
Inc. Town ofor
City 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. 808 Registered No. 35

(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 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
To be answered only in event of Twin or Triplet(6) Are
Parents
Married?(7) DATE OF
BIRTH Sept 20 1923
(Name of Month) (Day) (Year)

FATHER

(8) FULL
NAME(9) PRESENT
POSTOFFICE
OF FATHER(10) COLOR
OR
RACE(11) AGE AT LAST
BIRTHDAY

(12) BIRTHPLACE

(13) OCCUPATION

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

MOTHER

(14) NAME BEFORE
MARRIAGE(15) PRESENT
POSTOFFICE
OF MOTHER(16) COLOR
OR
RACE(17) AGE AT LAST
BIRTHDAY

(18) BIRTHPLACE

(19) OCCUPATION

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

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)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplement-
tal report

(26) Witness

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

(27) Filed

Sept 20 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.