

Form No. 1

## (1) PLACE OF BIRTH

County of Greenville  
 Township of Austin  
 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

42624

Registration District No. 2200 Registered No. ....  
 (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 Lucile Brown If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Y (4) Twin or Triplet? ..... (5) Number in order of birth ..... (6) Are Parents Married? Yes (7) DATE OF BIRTH July 18 1922  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Mr. Brown  
 (9) PRESENT POSTOFFICE OF FATHER Simpsonville  
 (10) COLOR OR RACE B. (11) AGE AT LAST BIRTHDAY 44 (Years)  
 (12) BIRTHPLACE S.C.  
 (13) OCCUPATION Farming  
 (20) Number of children born to mother, including present birth 8

## MOTHER.

(14) NAME BEFORE MARRIAGE Becky Walker  
 (15) PRESENT POSTOFFICE OF MOTHER Simpsonville  
 (16) COLOR OR RACE B. (17) AGE AT LAST BIRTHDAY 38 (Years)  
 (18) BIRTHPLACE 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... Alive... at 4 P. M.,  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. J. Richardson M.D.  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Simpsonville

Given name added from a supplement-  
 tal report

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

(27) Filed ..... (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 fourth month of pregnancy.

REMARKS: If child is born 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. If child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fourth month of pregnancy.