

Form No. 1

(1) PLACE OF BIRTH

County of HarryTownship of Little River

OF

Inc. Town of

OF

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

28855

Registration District No. 2477 Registered No. 61

(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 Muriel Louise Brown

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

| | | | | |
|-----------------------------|------------------------------|---------------------------------------|------------------------------------|---------------------------------------|
| (3) BOY OR GIRL <u>Girl</u> | (4) Twin or Triplet <u>-</u> | (5) Number in order of birth <u>-</u> | (6) Are Parents Married <u>Yes</u> | (7) DATE OF BIRTH <u>July 16 1923</u> |
| | | | | (Name of Month) (Day) (Year) |

FATHER.

(8) FULL NAME Milie C. Brown(9) PRESENT POSTOFFICE OF FATHER Wompass SC(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 28 (Year)(12) BIRTHPLACE Harry Co(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth Three

MOTHER.

(14) NAME BEFORE MARRIAGE Jessie King(15) PRESENT POSTOFFICE OF MOTHER Wompass S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 25 (Year)(18) BIRTHPLACE W.C.(19) OCCUPATION Housework(20) Number of children of this mother now living, including present birth Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 1:30 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Jay C. Stone(24) State whether Physician or Midwife(25) Address of Physician or Midwife Physician Little River SC

(Given name added from a supplemental report)

(26) Witness

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

(27) Filed Aug 4 1923

(28)

blm c b only

19 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.