

Form No. 1

## (1) PLACE OF BIRTH

County of Barrowville  
 Township of Blacksville  
 or  
 Inc. Town of .....  
 City of .....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

3169

Registration District No. 5.4.4 Registered No. 7.....  
 (For use of Local Registrar)

(No. .... St.; ..... Ward)  
 If child occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Lot. Brown (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan. 22, 1922  
 (Specify Month) (Day) (Year)

To be answered only in event of Twins or Triplets

## FATHER.

(8) FULL NAME Sam Brown

(9) PRESENT POSTOFFICE OF FATHER Blacksville

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 31 (Years)

(12) BIRTHPLACE S. C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Mattie Lally

(15) PRESENT POSTOFFICE OF MOTHER Blacksville

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 27 (Years)

(18) BIRTHPLACE S. C.

(19) OCCUPATION S. C.

(21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 9 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. D. Hammond M.D.

(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 Feb. 10, 1922 (28) W. D. Hammond 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.

REASON ABSENCE FOR MISSING  
 WITH PLAINLY  
 IN THIS CASE OF TAKING OF REPORT  
 FIRST-THIN No 1 thin child No 2, etc. in question 5