

Form No. 1

(1) PLACE OF BIRTH

County of Berkley Co.
Township of St. Stephens

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

No. 3038

Inc. Town of
City of

Registration District No. 746 Registered No. 11
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(a) SEX OR girl (b) Age 2 1/2 (c) Date of birth Feb 24 (d) Year 1923
(e) Month Feb (f) Day 24 (g) Year 1923

FATHER.
(1) Full Name Wellian Brown
(2) Present Post Office of Father Born can SC
(3) Color colored (4) Age at last birthday 27
(5) Birthplace Berkley Co.
(6) Occupation Farmer
(7) Number of children born to mother, including present birth 2

MOTHER.
(1) Full Name Rebecca Brown
(2) Present Post Office of Mother Born can SC
(3) Color colored (4) Age at last birthday 23
(5) Birthplace Berkley Co
(6) Occupation House work
(7) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(9) (Signature) midwife (10) Address of Physician or Midwife Born can SC

Give name added from a supplemental report

(11) Witness (Signature of Witness necessary only when question 11 is signed by mark)
(12) Date Feb 28 1923 (13) J. J. G...

When there was no attending physician or midwife, then the father, householder, or other person, should make report if a child breathes even once, it must not be reported as stillborn. No report is desired of child before the fifth month of pregnancy.