

Form No. 1

(1) PLACE OF BIRTH

County of RichmondTownship of Richmondor
Inr. Town of Richmondor
City of Richmond

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

19312

Registration District No. 3002 Registered No. 735
(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 Walter Brown (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 18, 1922</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Brown(9) PRESENT POSTOFFICE OF FATHER Richmond S.C.(10) COLOR OR RACE W.C. (11) AGE AT LAST BIRTHDAY 30 (Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Teacher(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Carrie McLean(15) PRESENT POSTOFFICE OF MOTHER Richmond S.C.(16) COLOR OR RACE W.C. (17) AGE AT LAST BIRTHDAY 26 (Years)(18) BIRTHPLACE Richmond S.C.(19) OCCUPATION Housewife(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 born alive at 11 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Carrie McLean(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Richmond S.C.

Given name added from a supplemental report

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

(27) Filed 6/22 1922 (28) J. F. McIntosh Local Registrar

When there was no attending physician or midwife, then the father, household, 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.

RECEIVED BY STATE OF SOUTH CAROLINA
BUREAU OF VITAL STATISTICS
FILED IN QUESTION 2
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