

Form No. 1

(1) PLACE OF BIRTH

County of Sumner  
 Township of Andrew  
 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  
12320

Registration District No. .... 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 David Brown If child is not yet named, make supplemental report as directed

1. BOY OR GIRL <u>Boy</u>	2. Sex or Triplets To be answered only in event of Twins or Triplets	3. Number in order of birth	4. Are Parents Married <u>no</u>	5. DATE OF BIRTH <u>Apr 19 1923</u> (Name) (Month) (Day) (Year)
FATHER.			MOTHER.	
6. FULL NAME <u>David Brown</u>	10. NAME BEFORE MARRIAGE <u>Rosena Mettles</u>			
7. PRESENT POSTOFFICE OF FATHER <u>Trid St.</u>	11. PRESENT POSTOFFICE OF MOTHER <u>Trid St.</u>			
8. COLOR OR RACE <u>negro</u>	9. AGE AT LAST BIRTHDAY <u>23</u> (Years)	12. COLOR OR RACE <u>negro</u>	13. AGE AT LAST BIRTHDAY <u>22</u> (Years)	
10. BIRTHPLACE <u>SC.</u>		14. BIRTHPLACE <u>SC.</u>		
11. OCCUPATION <u>Farmer</u>		15. OCCUPATION		
12. Number of children born to mother, including present birth <u>1</u>	16. Number of children of this mother now living, including present birth <u>1</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 19 M.,  
 on the date above stated. (Born alive or stillborn) (Hour) (M. or P. M.)

(23) (Signature) Harriet Bush  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Trid St.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by clerk)  
 (27) Filed 19 (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 fifth month of pregnancy.