

Form No. 1

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No.

File No.—For State Registrar Only

42812

Registered No.

(For use of Local Registrar)

(2) Full Name of Child

Florence Brown

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

3) BOY OR GIRL?

Girl

4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

Dec 12, 22

(Name of Month) (Day) (Year)

FATHER.

8) FULL NAME

Leave Brown

9) PRESENT POSTOFFICE OF FATHER

Mercury St

(10) COLOR OR RACE

Niger

(11) AGE AT LAST BIRTHDAY

5-6- (Years)

(12) BIRTHPLACE

SL

(13) OCCUPATION

Farmer

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

3-

MOTHER.

(14) NAME BEFORE MARRIAGE

Jane Rouse

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE

Niger

(17) AGE AT LAST BIRTHDAY

30 (Years)

(18) BIRTHPLACE

SL

(19) OCCUPATION

Farmer Wife

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

16

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature)

Mary X. Weber

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Mercury

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Dec 20, 22

(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.