

Form No. 1

(1) PLACE OF BIRTH

County of Abbeville
 Township of Howards
 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

File No.—For State Registrar Only

36881

Registration District No. 105 Registered No. 55
 (For use of Local Registrar)

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

(3) Boy or Girl? (4) Twin or Triplet? (5) Number in order of birth 2 (6) Are Parents Married? Yes (7) DATE OF BIRTH Nov. 21, 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Y A Brown
 (9) PRESENT POSTOFFICE OF FATHER Honea Path
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 33
 (Year) (12) BIRTHPLACE Ga.
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 1 2

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Perry
 (15) PRESENT POSTOFFICE OF MOTHER Honea Path
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 27
 (Year) (18) BIRTHPLACE Ga.
 (19) OCCUPATION House wife
 (21) Number of children of this mother now living, including present birth 1 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 2 A.M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mrs. Fields

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness L. H.

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

(27) Filed Nov. 24, 1922(28) Swain

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.

MARGIN RESERVED FOR BINDING.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and make the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

RECEIVED BY COLUMBIA, COLUMBIA, S. C.