

Form No. 1

(1) PLACE OF BIRTH

County of Flame  
Township of Shenck  
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

17819

Registration District No. 2005 Registered No. 27  
(For use of Local Registrar)

City of ..... (No. .... St. .... Ward ....)  
(If birth occurs in a hospital or institution, give name of same instead of street and number.)

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

(3) BOY OR GIRL Girl (4) Are Parents Married? Yes (5) DATE OF BIRTH June 23  
To be answered only in event of Twins or Triplets (Month of Month) (Day) (Year)

FATHER  
(6) FULL NAME Burt Brown  
(7) PRESENT POSTOFFICE OF FATHER Flame  
(8) COLOR OR RACE Negro (9) AGE AT LAST BIRTHDAY 22  
(10) OCCUPATION Farmer

MOTHER  
(11) NAME BEFORE MARRIAGE Ida Brown  
(12) PRESENT POSTOFFICE OF MOTHER Flame  
(13) COLOR OR RACE Negro (14) AGE AT LAST BIRTHDAY 21  
(15) OCCUPATION Domestic

(16) Number of children born to mother, including present birth 1 (17) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(18) I hereby certify that I attended the birth of this child, who was Born alive at 1436  
on the date above stated. (Home-A. or B. or C. or D. or E. or F. or G. or H. or I. or J. or K. or L. or M. or N. or O. or P. or Q. or R. or S. or T. or U. or V. or W. or X. or Y. or Z.)

(19) (Signature) Martha E. Brown  
(20) State whether Physician or Midwife or Nurse or Other Person (Home-A. or B. or C. or D. or E. or F. or G. or H. or I. or J. or K. or L. or M. or N. or O. or P. or Q. or R. or S. or T. or U. or V. or W. or X. or Y. or Z.)

Given name added from a supplemental report

(21) Witness .....  
(Signature of Witness necessary only when question 22 is signed by mark)

(22) Filed June 30, 1923 (23) P. H. Bringham 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.