

Form No. 1

(1) PLACE OF BIRTH

County of Union

Township of Crossed Key

or
Inc. Town of Union

or
City of Union

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

22813

Registration District No. 4200

Registered No. 22813

(For use of Local Registrar)

(No. 4200 St. Union Ward 1)

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

(2) Full Name of Child Agale Brown

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

(3) BOY OR GIRL girl

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in event of Twin or Triplet

(6) Are Parents Married?

(7) DATE OF BIRTH

July 25, 1937
(Name of Month (Day) Year)

FATHER.

(8) FULL NAME John Brown

(9) PRESENT POSTOFFICE OF FATHER Union S.C.

(10) COLOR OR RACE Black

(11) AGE AT LAST BIRTHDAY 31

(Year)

(12) BIRTHPLACE Union S.C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Virginia Brown

(15) PRESENT POSTOFFICE OF MOTHER Union S.C.

(16) COLOR OR RACE Black

(17) AGE AT LAST BIRTHDAY 35

(Year)

(18) BIRTHPLACE Union S.C.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Marion Reed

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife Union S.C.

Given name added from a supplemental report

(26) Witness W. M. Moss

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

(27) Filed 1937 Registrar

(28) Local Registrar W. M. Moss

*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.