

Form No. 1

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town ofor
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. 3606

File No.—For State Registrar Only

44173

Registered No. 6
(For use of Local Registrar)

(2) Full Name of Child

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

(3) Sex Male (4) Twin or Triplet No (5) Number in order of birth 1 (6) Age 23 (7) DATE OF BIRTH Dec 23 23
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Walter Brown(9) PRESENT POSTOFFICE OF FATHER COLUMBIA(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 26 (Year)(12) BIRTHPLACE SC(13) OCCUPATION Ad(20) Number of children born to mother, including present birth 1

MOTHER

(14) NAME BEFORE MARRIAGE Billy Paulsen(15) PRESENT POSTOFFICE OF MOTHER COLUMBIA(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 23 (Year)(18) BIRTHPLACE SC(19) OCCUPATION Ad(21) Number of children of this mother now living, including present birth 1

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 M. or P. M.)

(23) (Signature) Hellie Sessow

(24) State whether Physician or Midwife

(25) Address of Phys. or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Date Jan 14 27 (28) Hellie Sessow 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.