

MARGIN RESERVED FOR BINDING.

WRITE 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 mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 2.

Form No. 1

(1) PLACE OF BIRTH

County of Auderson
Township of Williamston
or
Inc. Town of Williamston
or
City of

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

No. 44370

Registration District No. 3-C Registered No. 13
(For use of Local Registrar)

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

(2) Full Name of Child Michael Brown

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

(3) SEX OF CHILD Boy (4) Twin or Triplet No (5) Number in order of birth 1st (6) Age at birth 4y (7) DATE OF BIRTH Dec 14 1923
(Name of Month) (Day) (Year)

FATHER: (8) FULL NAME Minus Brown (9) PRESENT POSTOFFICE OF FATHER Williamston SC (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 28 (12) BIRTHPLACE SC (13) OCCUPATION Labourer
MOTHER: (14) NAME BEFORE MARRIAGE Gladdys Brown (15) PRESENT POSTOFFICE OF MOTHER Williamston SC (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 32 (18) BIRTHPLACE SC (19) OCCUPATION Domestic
(20) Number of children born to mother, including present birth 3 (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 Alive at 7:30 A. on the date above stated. (Bergative or stillborn) (Hour A. M. or P. M.)

(23) (Signature) R. J. Moten (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Williamston SC

Given name added from a supplemental report

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

(27) Filed 4-14-1924 (28) William Russell 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.