

Form No. 1

(1) PLACE OF BIRTH

County of DillonTownship of CarrollvilleInc. Town of uCity of G

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

3633

Registration District No. 1602 Registered No. 18
(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 Marnie Brown

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

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <u>yes</u>	(7) DATE OF BIRTH <u>Feb 17</u> 1923 (Name of Month) (Day) (Year)
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FATHER.		MOTHER.	
(8) FULL NAME <u>Lessie Brown</u>	(14) NAME BEFORE MARRIAGE <u>Pinkie May, Reese</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Dillon Rte 1</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Dillon Rte 1 Box 5</u>
(10) COLOR OR RACE <u>Colored</u>	(11) AGE AT LAST BIRTHDAY <u>24</u> (Years)	(16) COLOR OR RACE <u>Colored</u>	(17) AGE AT LAST BIRTHDAY <u>24</u> (Years)
(12) BIRTHPLACE <u>L.A. Manning</u>	(18) BIRTHPLACE <u>Dillon Co</u>	(13) OCCUPATION <u>Farming</u>	(19) OCCUPATION <u>Farming</u>
(20) Number of children born to mother, including present birth <u>4</u>	(21) Number of children of this mother now living, including present birth <u>1</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born Feb 17 at 2 A.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) <u>Mary May</u>	(24) State whether Physician or Midwife <u>Mid Wife</u>	(25) Address of Physician or Midwife <u>Dillon Rte 2</u>
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Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) <u>Feb 22 1923</u>	(27) Filed <u>13</u>
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When there are no witnesses, then the father, householder, etc., should make this return. If a child is born stillborn, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.