

Form No. 1

(1) PLACE OF BIRTH

County of Orangeburg  
 Township of Lincolnton  
 of Town of .....  
 of City of .....

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

42203

Registration District No. 3611 Registered No. 46  
 (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 Gertha May Brown If child is not yet named, make supplemental report as directed

3) BOY OR GIRL Girl 4) Twin or Triplet To be answered only in event of Twin or Triplet 5) Number in order of birth ..... 6) Are Parents Married yes 7) DATE OF BIRTH Oct 19 1923  
 (Name of Month) (Day) (Year)

FATHER.

8) FULL NAME Charles Brown  
 9) PRESENT POSTOFFICE OF FATHER Wayton  
 10) COLOR OR RACE negro 11) AGE AT LAST BIRTHDAY 22  
 12) BIRTHPLACE Orangeburg Co.  
 13) OCCUPATION Wages  
 20) Number of children born to mother, including present birth 3

MOTHER.

14) NAME BEFORE MARRIAGE Jessie Maack  
 15) PRESENT POSTOFFICE OF MOTHER Wayton  
 16) COLOR OR RACE negro 17) AGE AT LAST BIRTHDAY 19  
 18) BIRTHPLACE Orangeburg Co.  
 19) OCCUPATION House wife  
 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 born alive on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Susana Horlock  
 (24) State whether Physician or Midwife midwife (25) Address of Physn. or Midwife Wayton

(Given name added from a supplemental report)

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

(27) Filed 12/29 1923 (28) W. W. Wheeler 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

PRINTER-BUREAU, No. 1, THREE STRICH, No. 2, etc., in question 4