

Form No. 1

## (1) PLACE OF BIRTH

County of Clarendon  
 Township of Concord  
 or  
 Inc. Town of .....  
 or  
 City of .....

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

File No.—For State Registrar Only

41748

Registration District No. 1302 Registered No. 121  
 (For use of Local Registrar)

(No. .... St.; ..... Ward)  
 If birth occurs in a hospital or other institution give name of same instead of street and number.)

(2) Full Name of Child Julia Brown If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 25 1922  
 (Name of Month) (Day) (Year)

**FATHER.**  
 (8) FULL NAME Henry Brown  
 (9) PRESENT POSTOFFICE OF FATHER Summerton SC  
 (10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 45 (Years)  
 (12) BIRTHPLACE Clarendon Co  
 (13) OCCUPATION Farmer  
 (20) Number of children born to mother, including present birth 8

**MOTHER.**  
 (14) NAME BEFORE MARRIAGE Almeta Brown  
 (15) PRESENT POSTOFFICE OF MOTHER Summerton SC  
 (16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 43 (Years)  
 (18) BIRTHPLACE Clarendon Co  
 (19) OCCUPATION House - wife  
 (21) Number of children of this mother now living, including present birth 8

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child who was Almeta at 9 P. M.,  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Eliza Butler (24) State whether Physician or midwife Midwife (25) Address of Physician or midwife Summerton SC

Given name added from a supplemental report

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

(27) Jan 4 1923 (28) J. E. Richbourg 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.