

Form No. 1

(1) PLACE OF BIRTH

County of Richland Co  
 Township of Wadesboro  
 or  
 Inc. Town of Columbia  
 or  
 City of .....

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

No. for State Registrar Only  
**37485**

Registration District No. 3809 Registered No. 55  
 (For use of Local Registrar)  
 (No. Mounting Hill Road 5 miles past St. 15 Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Frank Brown

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

(3) BOY OR GIRL Boy (4) Twin or Triplet one (5) Number in order of birth 3 (6) Age Parents Married year (7) DATE OF BIRTH June 4 1957  
To be covered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Frank Brown  
 (9) PRESENT POSTOFFICE OF FATHER Columbia, S.C.  
 (10) COLOR OR RACE color (11) AGE AT LAST BIRTHDAY 24  
(Year)  
 (12) BIRTHPLACE Richland Co  
 (13) OCCUPATION labor

MOTHER.

(14) NAME BEFORE MARRIAGE Elizabeth Thompson  
 (15) PRESENT POSTOFFICE OF MOTHER Columbia, S.C.  
 (16) COLOR OR RACE color (17) AGE AT LAST BIRTHDAY 26  
(Year)  
 (18) BIRTHPLACE Fairfield Co  
 (19) OCCUPATION house keeping

(20) Number of children born to mother, including present birth 3 (21) Number of children of this mother now living, including present birth ?

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

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

(23) (Signature) Elizabeth M. Taylor  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed 1957 (28) E. M. Taylor 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.