

Form No. 1

## (1) PLACE OF BIRTH

County of Barnwell  
 Township of Blacksville  
 Inc. Town of .....  
 City of .....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only  
**3171**

Registration District No. 5.2.4. Registered No. ....  
 (For use of Local Registrar)

City of ..... (No. .... St. .... Ward) ...  
 Birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

1. BOY OR GIRL? G 4. Twin or Triplet? ..... (3) Number in order of birth ..... (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan. 19 19 22  
 (Name of Month) (Day) (Year)

To be answered only in event of Twin or Triplets

## FATHER.

2. FULL NAME Lee Brown  
 3. PRESENT POSTOFFICE OF FATHER Blacksville  
 10. COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 26  
 12. BIRTHPLACE S. C.  
 13. OCCUPATION Farmer

## MOTHER.

(14) NAME BEFORE MARRIAGE Madehne Washington  
 (15) PRESENT POSTOFFICE OF MOTHER Blacksville  
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 19  
 (18) BIRTHPLACE S. C.  
 (19) OCCUPATION .....

20. Number of children born to mother, including present birth 2 (21) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was Slave at 14 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Larrah Hammond  
 (24) State whether Physician or Midwife 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 mark)

(27) Filed Feb. 14 19 22 (28) D. D. Hammond 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.

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