

Form No. 1

(1) PLACE OF BIRTH

County of NewberryTownship of # 8

or Inc. Town of

or City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Lila Cornell Brown(3) BOY OR GIRL? Girl(4) Twin or Triplet? No(5) Number in order of birth
To be answered only in event of Twin or Triplet(6) Are Parents Married? yes(7) DATE OF BIRTH Jan 2, 1922
(Name of Month) (Day) (Year)Registered No. 6
(For use of Local Registrar)

St. Ward)

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

FATHER.

(8) FULL NAME Sam Brown(9) PRESENT POSTOFFICE OF FATHER Newberry R 7(10) COLOR OR RACE B (11) AGE AT LAST BIRTHDAY 28 (Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Beatrice Brown(15) PRESENT POSTOFFICE OF MOTHER Newberry R 7(16) COLOR OR RACE B (17) AGE AT LAST BIRTHDAY 22 (Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Farm help(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 Born alive at 4 a.m.
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) Patience Bonknight(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Newberry R 7

Given name added from a supplemental report

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

(27) Filed May 10 1922 (28) N.L. Bonknight Local RegistrarWhen 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.