

Form No. 1

## (1) PLACE OF BIRTH

County of

*Bamberg*

Township of

*3 mile*

Inc. Town of

or

City of

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

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

63123

Registration District No.

*404*

Registered No.

*75*

(For use of Local Registrar)

St.; Ward)

## (2) Full Name of Child

*Maxel Brown*

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

(3) BOY OR GIRL?

*Boy*

(4) Twin or Triplet?

(5) Number in order of birth

*1*

(6) Are Parents Married?

*Yes*

(7) DATE OF BIRTH

*June 16 6*

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

*Lee Brown*

(9) PRESENT POSTOFFICE OF FATHER

*Elkhart SC*

(10) COLOR OR RACE

*white*

(11) AGE AT LAST BIRTHDAY

*24*

(Years)

(12) BIRTHPLACE

*Bamberg Co. S.C.*

(13) OCCUPATION

*Farmer*

(20) Number of children born to mother, including present birth

*1*

## MOTHER.

(14) NAME BEFORE MARRIAGE

*Gertie Mannel*

(15) PRESENT POSTOFFICE OF MOTHER

*Elkhart SC*

(16) COLOR OR RACE

*White*

(17) AGE AT LAST BIRTHDAY

*16*

(Years)

(18) BIRTHPLACE

*Barnwell Co. S.C.*

(19) OCCUPATION

*housewife*

(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 *Alive*, at *2:30 a.* M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

*Marrah Grant*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

*midwife Elkhart SC*

Given name added from a supplemental report

191...

Registrar

(26) Witness

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

(27) Filed

*6/22 6*

191...

(28)

*E. Herndon*

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.

WRITE PLAINLY, WITH LEADING INK.—THIS IS A PERMANENT RECORD.  
N.B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 3.  
McNAY, of Columbia.