

Form No 1.

## (1) PLACE OF BIRTH

County of SumterTownship of Sumter

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.)

## CERTIFICATE OF BIRTH

STATES OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. For State Registration

47565

Registration District No. 4.108 Registered No. 1

(For use of Local Registrar)

(2) Full Name of Child Ella Brown

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

(3) BOY OR GIRL Girl

(4) Twin or Triplet?

(5) Number in order of birth  
to be reported only in case of twins or triplets(6) Are Parents Married Yes(7) DATE OF BIRTH Jan. 7  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Richard Brown(9) PRESENT POSTOFFICE OF FATHER Sumter, S.C.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 30  
(Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farming(14) Number of children born to mother, including present birth 5

## MOTHER.

(14) NAME BEFORE MARRIAGE Mother(15) PRESENT POSTOFFICE OF MOTHER Sumter, S.C.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 22  
(Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 10.30 P.M.  
on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) J. W. White, Jr.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Medford, Sumter, S.C.

Given name added from a supplemental report

(26) Witness .....  
(Signature of Witness necessary only when question 23 is signed for mark)(27) Filed Jan 15 1914 (28) 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.

MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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 5. McCaw, of Columbia.