

Form No. 1

## (1) PLACE OF BIRTH

County of Sumter  
 Township of Cann. land  
 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

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

File No.—For State Registrar Only

24045

Registration District No..... Registered No. 46.....  
 (For use of Local Registrar)

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

3 BOY OR GIRL Boy 4 Twin or Triplet? No 5 Number in order of birth 7 6 Are Parents Married? Yes 7 DATE OF BIRTH June 2, 22  
 (Name of Month) (Day) (Year)

## FATHER.

8 FULL NAME Frank Brown  
 9 PRESENT POSTOFFICE OF FATHER Sumter R. 2 #1  
 10 COLOR OR RACE Negro 11 AGE AT LAST BIRTHDAY 35  
 (Year)  
 12 BIRTHPLACE IL  
 13 OCCUPATION farm hand  
 20 Number of children born to mother, including present birth 7

## MOTHER.

14 NAME BEFORE MARRIAGE Bella Brown  
 15 PRESENT POSTOFFICE OF MOTHER Sumter R. 2 #1  
 16 COLOR OR RACE Negro 17 AGE AT LAST BIRTHDAY 35  
 (Year)  
 18 BIRTHPLACE IL  
 19 OCCUPATION housewife  
 21 Number of children of this mother now living, including present birth 7

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was... Born alive at 6 P.M.,  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Matthew Leana  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Sumter R. 1

Given name added from a supplemental report

(26) Witness J. D. Hiney  
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed June 11, 1922 (28) P. J. Hiney 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 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 5.

MCGRAW HILL, COLUMBIA &amp; C.