

Form No. 1

## (1) PLACE OF BIRTH

County of FairfieldTownship of 9or  
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

Walter Carroll Brown

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

(3) BOY OR GIRL?

Girl

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

7th

(6) Are Parents Married?

Yes

(7) DATE OF

BIRTH Dec 1st 1922  
(Name of Month) (Day) (Year)

(8) FULL NAME

John S. Brown

(9) PRESENT POSTOFFICE OF FATHER

Winnsboro SC Rmt 1

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

45  
(Years)

(12) BIRTHPLACE

Fairfield County, SC

(13) OCCUPATION

Farmer

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

7

(14) NAME BEFORE MARRIAGE

Betty Rutland

(15) PRESENT POSTOFFICE OF MOTHER

Winnsboro SC Rmt 1

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

34  
(Years)

(18) BIRTHPLACE

Near Winnsboro SC

(19) OCCUPATION

Wife

(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 11 A. M. on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

J. C. Suckow

(24) State whether Physician or 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

Dec 10 1922

(28)

Dr. Suckow

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 be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

John