

Form No. 10. MARGIN RESERVED FOR BINDING. WITH CAREFULLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. H.—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 N. C.

(1) PLACE OF BIRTH
 County of Florence S.C. **CERTIFICATE OF BIRTH**
 STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 State Board of Health
 Township of "
 or
 Inc. Town of Registration District No. 20-A Registered No. 72
 or
 City of Florence S.C. (No. #5-11 Jefferson) (For use of Local Registrar)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.) St.; 1 Ward

File No.—For State Registrar Only
46161

(2) Full Name of Child. William Henry 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 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Jan 30, 1916
To be answered only in event of twins or triplets (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Henry Brown
 (9) PRESENT POSTOFFICE OF FATHER Florence
 (10) COLOR OR RACE colord (11) AGE AT LAST BIRTHDAY 25 (Years)
 (12) BIRTHPLACE Doplin county
 (13) OCCUPATION days Labor
 (20) Number of children born to mother, including present birth one

MOTHER.
 (14) NAME BEFORE MARRIAGE Maggie Bwooth
 (15) PRESENT POSTOFFICE OF MOTHER Florence
 (16) COLOR OR RACE colord (17) AGE AT LAST BIRTHDAY 18 (Years)
 (18) BIRTHPLACE Operton county
 (19) OCCUPATION house wife
 (21) Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at three a. m., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
 (23) (Signature) Plesent Mcclless
 (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife #5-10 Jefferson

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 Feb. 4, 1916 (28) B. C. Craft M.D. 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.
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