

Form No. 1

(1) PLACE OF BIRTH **CERTIFICATE OF BIRTH**  
 County of **Barnwell** STATE OF SOUTH CAROLINA.  
 Township of **Bull Pond** Bureau of Vital Statistics  
 or State Board of Health

File No. For State Registrar Only

58721

Inc. Town of ..... Registration District No. **505** Registered No. **35**  
 or (For use of Local Registrar)  
 City of ..... (No. .... St. .... Ward ....)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) BOY OR GIRL? ☒ BOY ☐ GIRL (4) Twin or Triplet? ☐ (5) Number in order of birth **our** (6) Are Parents Married? ☒ Yes ☐ No (7) DATE OF BIRTH **May 6 1916**  
 (Name of Month) (Day) (Year)

FATHER.  
 (8) FULL NAME **Perben Brown**  
 (9) PRESENT POSTOFFICE OF FATHER **Hilldale**  
 (10) COLOR OR RACE **Negro** (11) AGE AT LAST BIRTHDAY **22** (Years)  
 (12) BIRTHPLACE **Barnwell Co**  
 (13) OCCUPATION **Form Hand**  
 (20) Number of children born to mother, including present birth **our**

MOTHER.  
 (14) NAME BEFORE MARRIAGE **Jessie Vorner**  
 (15) PRESENT POSTOFFICE OF MOTHER .....  
 (16) COLOR OR RACE **Negro** (17) AGE AT LAST BIRTHDAY **21** (Years)  
 (18) BIRTHPLACE **Barnwell Co**  
 (19) OCCUPATION **House Hand**  
 (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 **live** at **9** **PM** on the date above stated. (Born live or stillborn) (Hour, M. or P. M.)

(23) (Signature) **Julia Charlotte**  
 (24) State whether Physician or Midwife **Midwife** (25) Address of Physician or Midwife **Hilldale**

Given name added from a supplemental report

**Nov 10** 191**6**

**Barnwell**

**W. J. Brown** Registrar

(26) Witness (Signature of Witness necessary on when question 23 is signed in ink)

(27) Filed **May 6** 191**6** (28) **W. J. Brown** 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 UNFADING INK—FILE IN 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.