(1) PLACE OF BIRTH

County of Greenville

Township of Brow

or

Inc. Town of .....

or

City of .....

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
85855

Registration District No. 2210 Registered No. 79
(For use of Local Registrar)

(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 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 answered only in event of Twins or Triplets | (6) Are Parents Married? Yes | (7) DATE OF BIRTH Nov 15 1916 (Name of Month) (Day) (Year)

FATHER.	MOTHER.
(8) FULL NAME John Brown	(14) NAME BEFORE MARRIAGE Nannie Mims
(9) PRESENT POSTOFFICE OF FATHER Piedmont	(15) PRESENT POSTOFFICE OF MOTHER Piedmont
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 36 (Years)	(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 24 (Years)
(12) BIRTHPLACE S.C.	(18) BIRTHPLACE S.C.
(13) OCCUPATION Farmer	(19) OCCUPATION Housework
(20) Number of children born to mother, including present birth 1	(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 alive (Born alive or stillborn) at 11 P.M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) J. G. Mock

(24) State whether Physician or Midwife: Physician | (25) Address of Physician or Midwife: Piedmont

Given name added from a supplemental report

..... 19 ....
Registrar

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

(27) Filed Nov 24 1916 (28) S. A. Mims
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.

RITE PLAINLY, WITH UNFADING INK. USE A SEPARATE BLANK FOR EACH CHILD, and mark the
ase 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.

COLUMBIA, COLUMBIA, S. C.