

(1) PLACE OF BIRTH

County of Yocum Co.  
Township of W  
or  
Inc. Town of W  
or  
City of W  
(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

84426

Registration District No. 6A Registered No. 54  
(For use of Local Registrar)

(2) Full Name of Child

Johnnie Lee Brown

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

(3) BOY OR GIRL? Boy

(4) Twin or Triplet? —

(5) Number in order of birth

To be answered only in case of twins or triplets

(6) Are Parents Married? No

(7) DATE OF BIRTH

Dec. 18 1916

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Donk Turner

(9) PRESENT POSTOFFICE OF FATHER

H.K.

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY

(Years)

(12) BIRTHPLACE

W.C.

(13) OCCUPATION

W.C.

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

1

MOTHER.

(14) NAME BEFORE MARRIAGE

Minnie Brown

(15) PRESENT POSTOFFICE OF MOTHER

Beaufort S.C.

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

(Years)

(18) BIRTHPLACE

Beaufort S.C.

(19) OCCUPATION

domestic work

(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 blue at 10 a.m., on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) W. S. Brown, M.D.

(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 Nov 27 1916 (28) A. P. Lopez

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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