

## (1) PLACE OF BIRTH

County of Berkely  
 Township of 2. St. Stephens  
 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

63270

Registration District No. 706 Registered No. 55  
 (For use of Local Registrar)  
 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 Janna 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 ..... (6) Are Parents Married? yo (7) DATE OF BIRTH June 26 1916  
To be answered only in event of Twins or Triplets. (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Edward Brown

(9) PRESENT POSTOFFICE OF FATHER Wren SC

(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 37  
(Years)

(12) BIRTHPLACE Berkely Co

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth { 8 .....

## MOTHER.

(14) NAME BEFORE MARRIAGE Sarah Alston

(15) PRESENT POSTOFFICE OF MOTHER Wren SC

(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 34  
(Years)

(18) BIRTHPLACE Berkely Co

(19) OCCUPATION House work

(21) Number of children of this mother now living, including present birth { 8 .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 6 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Patricia Perkins  
 (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Wren SC

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 July 15 1916 (28) J. J. Murray 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—THIS IS A PERMANENT RECORD.  
 M. 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.  
 McCaw, of Columbia.