

(1) PLACE OF BIRTH

County of UnionburgTownship of Prophetor
Inc. Town of 6or
City of (No.)

(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. 66566 State Registrar Only

66566

Registration District No. 4-301 Registered No. 278
(For use of Local Registrar)

(2) Full Name of Child

James 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?

Yes

(7) DATE OF BIRTH

June 15 1906
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Sam Brown

(9) PRESENT POSTOFFICE OF FATHER

Greenville S.C.

(10) COLOR OR RACE

Black

(11) AGE AT LAST BIRTHDAY

24
(Years)

(12) BIRTHPLACE

Unionburg Co., S.C.

(13) OCCUPATION

Laborer at Saw Mill

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

Two

MOTHER.

(14) NAME BEFORE MARRIAGE

Trudie Watson

(15) PRESENT POSTOFFICE OF MOTHER

Greenville S.C.

(16) COLOR OR RACE

Black

(17) AGE AT LAST BIRTHDAY

23
(Years)

(18) BIRTHPLACE

Unionburg Co., S.C.

(19) OCCUPATION

Housewife

(20) Number of children of this mother now living, including present birth

Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(23) I hereby certify that I attended the birth of this child, who was Alive at 12 M.
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.

(24) (Signature)

Trudie Watson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

MidwifeGreenville, S.C.

Given name added from a supplemental report

....., 1906

Registrar

(26) Witness

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

(27) Filed Jul 23 1906(28) E. O. Taylor 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.

WITH UNFADING INK—THIS IS A PERMANENT RECORD.
S. E.—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 8.
McCauley, of Columbia.