

(1) PLACE OF BIRTH

County of Beaufort  
Township of .....  
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  
**84424**

Registration District No. 6A Registered No. 517  
(For use of Local Registrar)

(2) Full Name of Child Jane Miller

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

(3) ~~Boy~~ OR GIRL? (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? No (7) DATE OF BIRTH... Jan. 16, 19...16  
(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Arthur Brown  
(9) PRESENT POSTOFFICE OF FATHER Beaufort  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY.....  
(12) BIRTHPLACE Beaufort  
(13) OCCUPATION Woodsman  
(20) Number of children born to mother, including present birth 1

(14) NAME BEFORE MARRIAGE Estelle in Baker  
(15) PRESENT POSTOFFICE OF MOTHER Beaufort  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY.....17  
(18) BIRTHPLACE Beaufort  
(19) OCCUPATION Beaufort  
(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 born alive at 4:0 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Clara K. Brown  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

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 Jan. 17, 19...16 (28) A. N. 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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