

Form No. 1.

(1) PLACE OF BIRTH

County of BeaufortTownship of BeaufortInc. Town of BeaufortCity of Beaufort

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 6A

File No.—For State Registrar Only

84424

Registered No. 517
(For use of Local Registrar)(2) Full Name of Child Jane Parker

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 June 16, 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Art Brown

(9) PRESENT POSTOFFICE OF FATHER

Beaufort

(10) COLOR OR RACE

Negro(11) AGE AT LAST BIRTHDAY 1
(Years)

(12) BIRTHPLACE

Beaufort

(13) OCCUPATION

Housewife

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

1

MOTHER.

(14) NAME BEFORE MARRIAGE

Esther A. Baker

(15) PRESENT POSTOFFICE OF MOTHER

Beaufort

(16) COLOR OR RACE

Negro(17) AGE AT LAST BIRTHDAY 17
(Years)

(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 11:00 M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Chandler Brown

(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 June 17, 1916

(28)

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.