

Form No 1.

(1) PLACE OF BIRTH

County of Greenville  
Township of .....

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only  
49168

Inc. Town of ..... Registration District No. 22. A ..... Registered No. 61 .....  
(For use of Local Registrar)  
City of Greenville (No. 522 Greenville St.; 7 Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Pauland Brouley Jr If child is not yet named, make supplemental report as directed

(3) BOY YES (4) Twin or triplet? ..... (5) Number in order of birth ..... (6) Are Parents Married? YES (7) DATE OF BIRTH Feb 23 1916  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Pauland Brouley  
(9) PRESENT POSTOFFICE OF FATHER same  
(10) COLOR colored (11) AGE AT LAST BIRTHDAY 22 (Years)  
(12) BIRTHPLACE Anderson S.C.  
(13) OCCUPATION Porter  
(14) Number of children born to mother, including present birth One

MOTHER.

(14) NAME BEFORE MARRIAGE Julia Baker  
(15) PRESENT POSTOFFICE OF MOTHER 522 Greenv  
(16) COLOR colored (17) AGE AT LAST BIRTHDAY 20 (Years)  
(18) BIRTHPLACE Greenville S.C.  
(19) OCCUPATION Domestic  
(20) 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 born alive on the date above stated: (Born alive or stillborn) (How A. M. or P. M.)

(23) (Signature) C. H. Smith (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Greenville, S.C.

Given name added from a supplemental report

(26) Witness ..... (Signature of Witness necessary only when question 22 is signed by mother)

(27) Filed Feb 29 1916 (28) C. H. Smith 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.

MARGIN RESERVED FOR INDEXING.  
WHILE 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 2.