

(1) PLACE OF BIRTH

County of SumterTownship of Sumteror
Inc. Town ofor
City of

(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. For State Registrar Only

79518

Registration District No. 410 Registered No. 147

(For use of Local Registrar)

St. Ward

(2) Full Name of Child

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

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

No

(5) Number in order of birth

3

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Sept 18 1916

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

John H. Brown

(9) PRESENT POSTOFFICE OF FATHER

Sumter S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

30

(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Mechanics Shop

MOTHER.

(14) NAME BEFORE MARRIAGE

Annie Taylor

(15) PRESENT POSTOFFICE OF MOTHER

Sumter S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

23

(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Domestic

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

3

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

2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 7 a. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

Physician

(25) Address of Physician or Midwife

Sumter S.C.

Given name added from a supplemental report.

(26) Witness

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

(27) Filed Sept 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.

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