

Form No 1.

(1) PLACE OF BIRTH

County of YorkTownship of York

or

Inc. Town of

or

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Peter A. Brown(4) BOY OR GIRL? Boy(4) Twin or Triplet? -(5) Number in order of birth 7(6) Age Parents Married? 40(7) DATE OF BIRTH Feb. 3

FATHER.

(8) FULL NAME Sam Brown(9) PRESENT POSTOFFICE OF FATHER York Co. S(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 35 (Years)(12) BIRTHPLACE York Co(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 7(14) NAME BEFORE MARRIAGE Mary Jane Pickens(15) PRESENT POSTOFFICE OF MOTHER York Co. S(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 28 (Years)(18) BIRTHPLACE Charlotte Co.(19) OCCUPATION House - work(21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at Founders on the date above stated. (Born alive or stillborn) (Name of place)(23) (Signature) Charles O. Williams(24) State whether Physician or Midwife (25) Address of Physician or Midwife Physician Sharon, S.C.

Given name added from a supplemental report

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

(27) Filed Feb 4 1911 (28) Jas. L. Brown Registrar

When there was no attending physician or midwife, then the father, householder, etc. should make this report. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths within the first month of pregnancy.

WRITE 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 5.
 McCay, of Columbia

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

FILE NO.—50328