

PLACE OF BIRTH

City of SpartanburgTownship of Woodruffor
Town ofor
of

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

Full Name of Child Richard BrowningBOY OR GIRL? Boy(4) Twin or Triplet? No(5) Number in order of birth 1(6) Are Parents Married? Yes(7) DATE OF BIRTH Nov. 10, 1916(8) FATHER'S FULL NAME Sam Browning(9) PRESENT POSTOFFICE OF FATHER Woodruff S.C.R.3(10) COLOR OR RACE white(11) AGE AT LAST BIRTHDAY 35(12) BIRTHPLACE Union Co(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 14

(15) CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(16) I hereby certify that I attended the birth of this child, who was alive at 10 a. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(17) (Signature) N. K. Workman(18) (24) whether Physician or Midwife Physician(19) (25) Address of Physician or Midwife Woodruff S.C.

(20) Given name added from a supplemental report

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

(22) (27) Filed 12/11/16 (28) Local Registrar

(23) 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 before the fifth month of pregnancy.

(24) If a child breathes even once, it must not be reported as stillborn before the fifth month of pregnancy.

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of HealthFile No.—For State Registrar Only
87554Registration District No. 4009 Registered No. 149
(For use of Local Registrar)

St.; Ward

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

Full Name of Child Richard BrowningBOY OR GIRL? Boy(4) Twin or Triplet? No(5) Number in order of birth 1(6) Are Parents Married? Yes(7) DATE OF BIRTH Nov. 10, 1916(8) FATHER'S FULL NAME Sam Browning(9) PRESENT POSTOFFICE OF FATHER Woodruff S.C.R.3(10) COLOR OR RACE white(11) AGE AT LAST BIRTHDAY 35(12) BIRTHPLACE Union Co(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 14

(15) CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(16) I hereby certify that I attended the birth of this child, who was alive at 10 a. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(17) (Signature) N. K. Workman(18) (24) whether Physician or Midwife Physician(19) (25) Address of Physician or Midwife Woodruff S.C.

(20) Given name added from a supplemental report

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

(22) (27) Filed 12/11/16 (28) Local Registrar

(23) 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 before the fifth month of pregnancy.

(24) If a child breathes even once, it must not be reported as stillborn before the fifth month of pregnancy.

For State Registrar Only

No. 126

Local Registrar

number, Ward

If named, make report as directed

No. 126

Local Registrar

number, Ward

If named, make report as directed

No. 126

Local Registrar

number, Ward

If named, make report as directed

No. 126

Local Registrar

number, Ward

If named, make report as directed

No. 126

Local Registrar

number, Ward

If named, make report as directed

No. 126

Local Registrar