FORM NO. 1.

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
84372

(1) PLACE OF BIRTH
County of Barnberg
Township of 3 Mile
or
Inc. Town of .....
or
City of .....
Registration District No. 404 Registered No. 149
(For use of Local Registrar)
(No. ..... St.; ..... Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child. Jas. Benj. Brown Jr. } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH (Name of Month) (Day) (Year)
Boy		3	Yes	Nov. 24, 1916

FATHER.

(8) FULL NAME: Jas Benj. Brown
(9) PRESENT POSTOFFICE OF FATHER: Olar. S.C.
(10) COLOR OR RACE: White
(11) AGE AT LAST BIRTHDAY: 25 (Years)
(12) BIRTHPLACE: South Carolina
(13) OCCUPATION: Farmer
(20) Number of children born to mother, including present birth: 3

MOTHER.

(14) NAME BEFORE MARRIAGE: Donie Ayer
(15) PRESENT POSTOFFICE OF MOTHER: Olar. S.C.
(16) COLOR OR RACE: White
(17) AGE AT LAST BIRTHDAY: 24 (Years)
(18) BIRTHPLACE: South Carolina
(19) OCCUPATION: Housewife
(21) Number of children of this mother now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 11 a.m. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) H. M. Bradham

(24) State whether Physician or Midwife	(25) Address of Physician or Midwife
Physician	Olar. S.C.

Given name added from a supplemental report
....., 191....
.....
Registrar

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

(27) Filed Nov. 30, 1916. (28) G. J. Herndon
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.

NOTICE TO PHYSICIAN, MIDWIFE, OR PERSON IN CHARGE OF INSTITUTION.—Please write plainly, preferably with indelible pencil. Make certificate within five days after birth and mail or deliver to Local Registrar of District. If unable to obtain information from parents, make as much of certificate as you can. Do not leave any items blank without explanation. Use a separate blank for each child, and mark the first-born, No. 1, the other, No. 2, etc., in question 5.

N. B.—In case of twins or triplets use a separate blank for each child.

McCarty of Columbia.