

(1) PLACE OF BIRTH

County of YorkTownship of Essexor
Inc. Town of
or

City of

(No. St.; Ward)
(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

45056

Registration District No. 44BRegistered No. 90

(For use of Local Registrar)

(2) Full Name of Child Eustis Brown

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

(3) BOY OR
GIRL? Boy(4) Twin
or Triplet?(5) Number in
order of birth 1(6) Are
Parents
Married? M(7) DATE OF
BIRTH 12 15 1916

(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL
NAME Henry Brown(14) NAME BEFORE
MARRIAGE Emma McClain(9) PRESENT
POSTOFFICE
OF FATHER Newport(15) PRESENT
POSTOFFICE
OF MOTHER Rock Hill S.C. #6(10) COLOR
OR
RACE Black(11) AGE AT LAST
BIRTHDAY 20
(Years)(16) COLOR
OR
RACE Black(17) AGE AT LAST
BIRTHDAY 19
(Years)

(12) BIRTHPLACE

York Co

(18) BIRTHPLACE

York Co

(13) OCCUPATION

Field Labor

(19) OCCUPATION

Field Hand(20) Number of children born to
mother, including present birth 1(21) Number of children of this mother
now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 7 P.M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Emma McClain

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

MotherGiven name added from a supplement-
tal report(26) Witness Mrs. J. D. Jackson
(Signature of Witness necessary only
when question 23 is signed by mark)(27) Filed 12-31 1916(28) J. D. Jackson
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.*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.MARLIN RESERVED FOR RECORD.
WITH UNPAID INK—THIS IS A PERMANENT RECORD.
N. E.—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.
McKay, of Columbia.