

16 092980

1. PLACE OF BIRTH

County of Anderson
 Township of Anderson
 or
 Inc. Town of Anderson
 or
 City of Anderson

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 3-0 Registered No. _____
 (For use of Local Registrar)

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

2. FULL NAME OF CHILD David Carroll Brown

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

3. Boy <input checked="" type="checkbox"/> Girl <input type="checkbox"/>	If Plural births	4. Twin, triplet or other	5. Number, in order of birth	6. Premature	7. Are Parents Married? <u>Yes</u>	8. Date of Birth <u>June 24</u> , 19 <u>16</u> (Month, day, year)
9. Full name FATHER <u>Dillard Clarence Brown</u>				18. Name before marriage MOTHER <u>Anna Clinkscales Brown</u>		
10. Residence (mailing address) <u>Anderson S.C.</u> (If non-resident, give place and State)				19. Residence (mailing address) <u>Anderson S.C.</u> (If non-resident, give place and State)		
11. Color or race <u>white</u>		12. Age at last birthday <u>47</u> (years)		20. Color or race <u>white</u>		21. Age at last birthday <u>40</u> (years)
13. Birthplace (city or place) <u>S.C.</u> (State or country)				22. Birthplace (city or place) <u>S.C.</u> (State or country)		
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Merchant</u>				23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>housewife</u>		
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.				24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>"</u>		
16. Date (month and year) last engaged in this work <u>19</u>				17. Total time (years) spent in this work <u>all life</u>		25. Date (month and year) last engaged in this work <u>19</u>
26. Total time (years) spent in this work <u>"</u>				27. Number of children of this mother (At time of birth and including this child) (a) Born alive and now living <u>5</u> (b) Born alive but now dead <u>0</u> (c) Stillborn		
28. If stillborn, period of gestation <u>months</u> <u>weeks</u>				29. Cause of stillbirth <u>Before labor</u> <u>During labor</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at _____ m. on the date above stated.
 (Born alive or stillborn)

I certify that I instilled or had instilled in the eyes of this child at 11 A.M. on above date Silver Nit. Sol.
 (Name of Prophylactic)

Cleft Palate _____ Hare Lip _____ Other Deformities _____

{ When there was no attending physician
 or midwife, then the father, householder,
 etc., should make this return.

Given name added from
 a supplementary report _____
 (Date of)

State Registrar

(Signed) [Signature], M. D.

or _____ Midwife

Address [Signature]

Filed June 3, 1916 [Signature]
 Local Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.--In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate.)

5-15-42