

## (1) PLACE OF BIRTH

County of MarionTownship of Britton RichInc. Town of  
OF

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 Bernice Alice BrownFile No. — For State Registrar Only  
**65323**

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Registration District No. 3200 Registered No. 21  
(For use of Local Registrar)

St.; ..... Ward)

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

To be answered only in event of Twins or Triplets

(6) Are  
Parents  
Married? yes(7) DATE OF June 13 1916  
BIRTH (Name of Month) (Day) (Year)

## FATHER.

(8) FULL  
NAME Mary Brown(9) PRESENT  
POSTOFFICE  
OF FATHER E. Columbia(10) COLOR  
OR  
RACE White(11) AGE AT LAST  
BIRTHDAY 34  
(Years)

(12) BIRTHPLACE

(13) OCCUPATION

(20) Number of children born to  
mother, including present birth

## MOTHER.

(14) NAME BEFORE  
MARRIAGE Williams(15) PRESENT  
POSTOFFICE  
OF MOTHER Columbia(16) COLOR  
OR  
RACE White(17) AGE AT LAST  
BIRTHDAY 28  
(Years)

(18) BIRTHPLACE

(19) OCCUPATION

(21) Number of children of this mother  
now living, including present birth

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alice at 330 P.M.,  
(Born alive or stillborn) (Hour A. M. or P. M.)  
on the date above stated.(23) (Signature) Dr. J. H. H. H. H. H.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Physician Certanary S.P.Given name added from a supplement-  
tal report

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Registrar

(26) Witness

(Signature of Witness necessary only  
when question 23 is signed by mark)(27) Filed June 2 1916

(28)

(29)

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.WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.  
N. 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.

McGraw-Hill of Columbia