

FORM NO. 3

(1) PLACE OF BIRTH

County of Northampton  
Township of Johns Creek

## CERTIFICATE OF BIRTH

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

FHE No.—For State Registrar Only

87789

Inc. Town of ..... Registration District No. 4304 Registered No. 160  
(For use of Local Registrar)  
or  
City of ..... (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 John 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 ..... (6) Are Parents Married? yes (7) DATE OF BIRTH Nov. 15 1916  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Oscar Brown(9) PRESENT POSTOFFICE OF FATHER Hemingway SC(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY (Years) .....(12) BIRTHPLACE SC(13) OCCUPATION Tramming

(20) Number of children born to mother, including present birth } 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Hester Jazzer(15) PRESENT POSTOFFICE OF MOTHER Hemingway SC(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY (Years) .....(18) BIRTHPLACE SC(19) OCCUPATION Tramming

(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 ..... at ..... M.,  
(Born alive or stillborn) (Hour A. M. or P. M.)  
on the date above stated.(23) (Signature) Bessie Clemons(24) State whether Physician or Midwife (25) Address of Physician or Midwife  
midwife Hemingway

Given name added from a supplemental report

(26) Witness Callie Jazzer  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Dec 6 1916 (28) L. L. Aid 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.

MARGIN RESERVED FOR BINDING.  
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, of Columbia.