

(1) PLACE OF BIRTH

County of *Bamberg*
Township of *Fish Pond*

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

48088

Inc. Town of Registration District No. *4 C 2* Registered No. *12*
(For use of Local Registrar)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 *James Hiram Browder* 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 *Feb. 14, 1916*
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *Gas H Browder*(9) PRESENT POSTOFFICE OF FATHER *Crooksville S C*(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *76*
(Years)(12) BIRTHPLACE *Crooksville S C*(13) OCCUPATION *Machinist*(14) Number of children born to mother, including present birth *2*

MOTHER.

(14) NAME BEFORE MARRIAGE *Julia Bonfield*(15) PRESENT POSTOFFICE OF MOTHER *Crooksville S C*(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *18*
(Years)(18) BIRTHPLACE *Crooksville S C*(19) OCCUPATION *Household*(20) 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 *Born alive* at *5-2* M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *J. H. Browder*(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Physician Crooksville 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 *Feb. 28, 1916* (28) *J. H. Browder* 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.

FORM NO. 1
WHICH 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 Co. of Columbia