

Form No. 1

## (1) PLACE OF BIRTH

County of GreenvilleTownship of Wesley

or

Inc. Town of

or

City of

(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

7-10

Registration District No. 23/3 Registered No. 2

(For use of Local Registrar)

## (2) Full Name of Child

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 Jan 28, 1916  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME John Brown  
 (9) PRESENT POSTOFFICE OF FATHER Wesley  
 (10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 30 (Years)  
 (12) BIRTHPLACE  
 (13) OCCUPATION Farmer  
 (20) Number of children born to mother, including present birth 3

## MOTHER.

(14) NAME BEFORE MARRIAGE Ellen White  
 (15) PRESENT POSTOFFICE OF MOTHER Wesley  
 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 22 (Years)  
 (18) BIRTHPLACE Greenville Co  
 (19) OCCUPATION Domestic  
 (21) Number of children of this mother now living, including present birth 3

## 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) A. S. Smith, M.D.(24) State whether Physician or Midwife (25) Address of Physician or Midwife Greenville Co

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Mar 16 1916 (28) A. S. Smith, M.D. Local Registrar

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 M.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.  
 City of Columbia

\*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.