

Form No. 1.

(1) PLACE OF BIRTH,

County of Marion

Township of Marion

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

90887

Registration District No. 9703 Registered No. 9703

(For use of Local Registrar)

(2) Full Name of Child Levy E. Brown If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec. 14 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Waddens Rowland Lide

(9) PRESENT POSTOFFICE OF FATHER Marion S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 33 (Years)

(12) BIRTHPLACE Marion Co S.C.

(13) OCCUPATION Farmer & Rural Mail Carrier

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

MOTHER.

(14) NAME BEFORE MARRIAGE Bessie Hannah Allen

(15) PRESENT POSTOFFICE OF MOTHER Marion S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 24 (Years)

(18) BIRTHPLACE Marion Co S.C.

(19) OCCUPATION Housewife & Stenographer

(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 Marion S.C. (Hour A. M. or P. M.) 5:30 P. on the date above stated.

(23) (Signature) [Signature] (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Marion S.C.

Given name added from a supplemental report

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

(27) When 1/9 1917 (28) [Signature] 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 month of pregnancy.