

McCaw, of Columbia
 WITH PLAIN ENVELOPE WITH DRAWING AT - THIS IS A REGISTERED LETTER
 1916

(1) PLACE OF BIRTH

County of Horry
 Township of Lemmy
 or
 Inc. Town of
 or
 City of

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

File No.—For State Registrar Only
49483

Registration District No. 2502 Registered No. 15
 (For use of Local Registrar)
 St.; Ward)

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

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <u>no</u> <small>To be answered only in case of Twin or Triplet</small>	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>July 11</u> 19 <u>16</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(8) FULL NAME Ned E Brown

(9) PRESENT POSTOFFICE OF FATHER Lemmy

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 35
(Years)

(12) BIRTHPLACE Horry Co

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Rosa Martin

(15) PRESENT POSTOFFICE OF MOTHER Lemmy

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 25
(Years)

(18) BIRTHPLACE Horry Co

(19) OCCUPATION House wife

(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at P.M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Midwife

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife Lemmy

Given name added from a supplemental report
 191.....
 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
J. D. Dopei

(27) Filed Feb 17 1916 (28) J. D. Dopei
 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.

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