

Form No. 1

(1) PLACE OF BIRTH

County of Hampton
Township of Lowter
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

43196

Registration District No. 2401 Registered No. 77
(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? <u> </u>	(4) Twin or Triplet? <u>X</u> <small>To be answered only in case of Twins or Triplets</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>No</u>	(7) DATE OF BIRTH <u>Aug 27 1915</u> <small>(Name of Month) (Day) (Year)</small>
(8) FULL NAME <u>Unknown</u>		(9) NAME BEFORE MARRIAGE <u>Florence Brown</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Unknown</u>		(10) PRESENT POSTOFFICE OF MOTHER <u>Furman SC</u>		
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u> </u> <small>(Years)</small>	(12) COLOR OR RACE <u>Negro</u>	(13) AGE AT LAST BIRTHDAY <u>18</u> <small>(Years)</small>	
(12) BIRTHPLACE <u>don't know</u>		(14) BIRTHPLACE <u>Amuland SC</u>		
(13) OCCUPATION <u>don't know</u>		(15) OCCUPATION <u>Farmer</u>		
(16) Number of children born to mother, including present birth <u>1st</u>		(17) Number of children of this mother now living, including present birth <u>1</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 7 9 M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Dr. H. Furman

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician Furman SC

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed 1728 1915 (28) W. P. Ealey 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.

WRITE IN FAIR, 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.

State of Columbia