

FORM NO. 3.

(1) PLACE OF BIRTH

County of

Township of

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

44923

Registration District No. 4307

Registered No. 83

(For use of Local Registrar)

SL: Ward)

(2) Full Name of Child

Amie B. Brown

If child is not yet named, make supplemental report as directed

(3) ~~NOT~~ GIRL?

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH (Name of Month) (Day) (Year)

Dec 4, 1915

## FATHER.

(8) FULL NAME

S. P. Brown

(9) PRESENT POSTOFFICE OF FATHER

Lor 50

(10) COLOR OR RACE

negro

(11) AGE AT LAST BIRTHDAY (Years)

18

(12) BIRTHPLACE

SC

(13) OCCUPATION

Farmer

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

3

(14) NAME BEFORE MARRIAGE

Eula Beneth

(15) PRESENT POSTOFFICE OF MOTHER

Trio

(16) COLOR OR RACE

negro

(17) AGE AT LAST BIRTHDAY (Years)

19

(18) BIRTHPLACE

SC

(19) OCCUPATION

Field work

(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 born at (Hour A. M. or P. M.) (Born alive or stillborn) on the date above stated.

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

191

Registrar

(26) Witness

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

(27) Filed 12-13-1915

(28)

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.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY. WITH ENCLAVING 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.

McCaw, of Columbia