

(1) PLACE OF BIRTH

County of

Township of

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

70984

Registration District No. 101

Registered No. 45

(For use of Local Registrar)

St.; Ward

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

James Brown Jr.

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

(3) BOY OR GIRL?

Yes

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

James Brown

(9) PRESENT POSTOFFICE OF FATHER

McConnicks St.

(10) COLOR OR RACE

Black

(11) AGE AT LAST BIRTHDAY

37 (Years)

(12) BIRTHPLACE

Abbeville County

(13) OCCUPATION

Farmer

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

Two

MOTHER.

(14) NAME BEFORE MARRIAGE

James Brown

(15) PRESENT POSTOFFICE OF MOTHER

McConnicks St.

(16) COLOR OR RACE

Black

(17) AGE AT LAST BIRTHDAY

35 (Years)

(18) BIRTHPLACE

Abbeville County

(19) OCCUPATION

House wife

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

Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature)

J. M. Brown mid

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

McConnicks

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Sept 9, 1916

(28)

J. B. Dawson 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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STATE HEALTH OFFICER
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