

Form No. 1

(1) PLACE OF BIRTH

County of Flaming  
 Township of St. George Bluff  
 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

77547

Registration District No. 2543 Registered No. 16  
 (For use of Local Registrar)

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

(5) BOY OR GIRL? Boy (4) Twin or Triplet? ..... (5) Number in order of birth ..... (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept. 2, 1916  
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.  
 (8) FULL NAME Jalley P. Brown  
 (9) PRESENT POSTOFFICE OF FATHER Galumud Grove S.C.  
 (10) COLOR OR RACE ..... (11) AGE AT LAST BIRTHDAY 34  
 (Years)  
 (12) BIRTHPLACE Horry Co., S.C.  
 (13) OCCUPATION farmer  
 (20) Number of children born to mother, including present birth 3

MOTHER.  
 (14) NAME BEFORE MARRIAGE Mary Martin  
 (15) PRESENT POSTOFFICE OF MOTHER Galumud Grove S.C.  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 24  
 (Years)  
 (18) BIRTHPLACE Horry Co., S.C.  
 (19) OCCUPATION House wife  
 (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 alive at 9 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) N. C. Claps

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Fonda ville S.C.

Given name added from a supplemental report

John 1916  
Thomas Johnson  
 Registrar

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

(27) Filed 9 1916 (28) Thomas Johnson  
 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.

MARGEN RESERVED FOR TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD  
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.  
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD.  
 McCRAW of Columbia.