

Form No. 1

(1) PLACE OF BIRTH

County of SumterTownship of Living

Inc. Town of

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

54028

Registration District No. 4302 Registered No. 26

(For use of Local Registrar)

(2) Full Name of Child James Walter Brown

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

(3) BOY OR GIRL Boy

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes(7) DATE BIRTH Feb 29 1916

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME J. F. Brown(9) PRESENT POSTOFFICE OF FATHER Livingston(10) COLOR OR RACE negro(11) AGE AT LAST BIRTHDAY 52

(Years)

(12) BIRTHPLACE Livingston(13) OCCUPATION farmer(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Mrs. Brown(15) PRESENT POSTOFFICE OF MOTHER Livingston(16) COLOR OR RACE negro(17) AGE AT LAST BIRTHDAY 33

(Years)

(18) BIRTHPLACE Livingston(19) OCCUPATION housewife(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 Livingston, 10 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Henry H. H. H.(24) State whether Physician or Midwife (25) Address of Physician or Midwife Livingston

Given name added from a supplemental report

(26) Witness J. F. Brown

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

(27) Filed Feb 1 1916

(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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
M. 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.