

Form No. 1

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

54028

(1) PLACE OF BIRTH
County of Lenoir
Township of King
City of

Registration District No. H302 Registered No. 26
(For use of Local Registrar)

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

(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 (6) Age of Parents Married? (7) DATE BIRTH Feb 29 1916
(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME J. W. Brown

(14) NAME BEFORE MARRIAGE Martha Brown

(9) PRESENT POSTOFFICE OF FATHER Kingsboro

(15) PRESENT POSTOFFICE OF MOTHER Kingsboro

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 52 (Years)

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 33 (Years)

(12) BIRTHPLACE Lenoir

(18) BIRTHPLACE Lenoir

(13) OCCUPATION Farmer

(19) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 3

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

(23) (Signature) Mary H. Johnston (24) State whether Physician or Midwife (25) Address of Physician or Midwife Kingsboro

Given name added from a supplemental report

(26) Witness J. W. Brown (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Feb 1 1916 (28) J. W. Brown 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.