

(1) PLACE OF BIRTH

County of Greenville
 Township of Greenville

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

72906

Inc. Town of Registration District No. 2200 Registered No. 48
 or (For use of Local Registrar)
 or
 City of (No. 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 Beatrice Brown { If child is not yet named, make supplemental report as directed

(3) ~~BOY OR~~ GIRL? (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? (7) DATE OF BIRTH Aug. 2, 1916
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Jon Brown

(9) PRESENT POSTOFFICE OF FATHER Simpsonville

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 36 (Years)

(12) BIRTHPLACE Greenville County

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth { 9

MOTHER.

(14) NAME BEFORE MARRIAGE Paul Walter

(15) PRESENT POSTOFFICE OF MOTHER Simpsonville

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 32 (Years)

(18) BIRTHPLACE Greenville County

(19) OCCUPATION House work

(21) Number of children of this mother now living, including present birth { 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive, at 6 A. M., on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)

(23) (Signature) John W. Outley

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Simpsonville

Given name added from a supplemental report

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

(27) Filed Aug. 8, 1916 (28) L. L. Richardson 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 desired of stillbirths before the fifth month of pregnancy.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING 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.