

Form No. 1.

(1) PLACE OF BIRTH

County of Greenville

Township of Dunkley

or  
Inc. Town of

### CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

72951

Registration District No. 2206 Registered No. 72  
(For use of Local Registrar)

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 Sach Baggio Browney } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? (4) ~~Twins~~ or Triplets? (5) Number in order of birth 9 (6) Are Parents Married? Yes (7) DATE OF BIRTH Aug 24 1960  
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

#### FATHER.

(8) FULL NAME Joseph Henry Browney

(9) PRESENT POSTOFFICE OF FATHER Toney Creek

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 40 (Years)

(12) BIRTHPLACE Greenville

(13) OCCUPATION Farmer

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

#### MOTHER.

(14) NAME BEFORE MARRIAGE Mary Coaley

(15) PRESENT POSTOFFICE OF MOTHER Toney Creek

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 35 (Years)

(18) BIRTHPLACE Greenville

(19) OCCUPATION House wife

(21) Number of children of this mother now living, including present birth } ..... 9 .....

#### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 2:40 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mary Coaley

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Toney Creek

Given name added from a supplement to report  
**Amended P-1 JUL 17 1978**

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

(27) Filled Sp 6 1960 (28) E. W. Smith 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.

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.