

Form No. 1

(1) PLACE OF BIRTH *Williamburg*
 County of *Louis*
 Township of
 or
 Inc. Town of
 or
 City of (No. St.; Ward)
 (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

54066

Registration District No. *4305* Registered No. *17*
 (For use of Local Registrar)
 (2) Full Name of Child *Sam Brown* If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <i>Boy</i>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <i>yes</i>	(7) DATE OF BIRTH <i>March 14, 1916</i> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <i>James Brown</i>	(14) NAME BEFORE MARRIAGE <i>Bessie Daniels</i>			
(9) PRESENT POSTOFFICE OF FATHER <i>Glorence SC</i>	(15) PRESENT POSTOFFICE OF MOTHER <i>Glorence SC</i>			
(10) COLOR OR RACE <i>Colored</i>	(11) AGE AT LAST BIRTHDAY <i>35</i> (Years)	(16) COLOR OR RACE <i>Colored</i>	(17) AGE AT LAST BIRTHDAY <i>20</i> (Years)	
(12) BIRTHPLACE <i>Glorence SC</i>	(18) BIRTHPLACE <i>Glorence SC</i>			
(13) OCCUPATION <i>Railroad Labor</i>	(19) OCCUPATION <i>Housewife</i>			
(20) Number of children born to mother, including present birth <i>1</i>	(21) Number of children of this mother now living, including present birth <i>1</i>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *born alive* at *Williamburg*, M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
 (23) (Signature) *Eliza J. Canty*
 (24) State whether Physician or Midwife *midwife* (25) Address of Physician or Midwife *Lane S. Co.*

Given name added from a supplemental report

, 191...

Registrar

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

(27) Date *March 24, 1916* (28) *J. P. Baggett* 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.

Albert B. Moreley
 Local Registrar

W.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.
 Cal. of Columbia