

FORM NO. 1.

(1) PLACE OF BIRTH

County of York S.C.  
Township of .....

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

File No.—For State Registrar Only  
**50831**

Inc. Town of ..... Registration District No. 4408 Registered No. 18  
(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 Brown Lee Ashley If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? boy (4) Twin or Triplet? 1 (5) Number in order of birth 1 (6) Are Parents Married? No (7) DATE OF BIRTH Feb 21 6  
(Name of Month) (Day) (Year)

**FATHER.**

(8) FULL NAME Brown, Lee  
(9) PRESENT POSTOFFICE OF FATHER York S.C.  
(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 19 (Years)  
(12) BIRTHPLACE .....  
(13) OCCUPATION Farming  
(20) Number of children born to mother, including present birth { ..... }

**MOTHER.**

(14) NAME BEFORE MARRIAGE Sarah Ashley  
(15) PRESENT POSTOFFICE OF MOTHER York S.C.  
(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 17 (Years)  
(18) BIRTHPLACE .....  
(19) OCCUPATION Farming  
(21) Number of children of this mother now living, including present birth { ..... }

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

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

(23) (Signature) Vine Williams  
(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife York S.C.

Given name added from a supplemental report

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

(27) Filed Feb 22 1916 (28) John S. Barron 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 HERE—DO NOT WRITE IN THIS SPACE. 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. McCay, of Columbia