

(1) PLACE OF BIRTH

County of Dorchester.Township of Siobhass.

or

Inc. Town of

or

City of

(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

72491

Registration District No. 17.04. Registered No. 23

(For use of Local Registrar)

(2) Full Name of Child Louisa 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 3(6) Are Parents Married? Yes(7) DATE OF BIRTH Aug. 26 1916

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Jake Brown(9) PRESENT POSTOFFICE OF FATHER Harleyville Sc(10) COLOR OR RACE Black(11) AGE AT LAST BIRTHDAY 34 (Years)(12) BIRTHPLACE Dorchester Co(13) OCCUPATION farmer(20) Number of children born to mother, including present birth { 3 }

MOTHER.

(14) NAME BEFORE MARRIAGE Marthene Johnson(15) PRESENT POSTOFFICE OF MOTHER Harleyville Sc(16) COLOR OR RACE Black(17) AGE AT LAST BIRTHDAY 25 (Years)(18) BIRTHPLACE Dorchester Co(19) OCCUPATION Housewife(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 at M., on the date above stated, (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

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

mid wife Seneet Sims
Harleyville Sc

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

(27) Filed Aug. 27, 1916 (28) L. H. Kissiak 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.