

(1) PLACE OF BIRTH

County of CherokeeTownship of 2

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 3400FILE-7-25-1918
33250Registered No. 39
(For use of Local Registrar)(2) Full Name of Child Elyse A. Brown

If child is not yet named, make supplemental report as directed

(3) SEX OR

girl

(4) Type

or Traces

(5) Number in

order of birth

(6) DATE OF

BIRTH

Sept 8, 1918

(Name of Mother) (Age) (Sex)

FATHER.

(8) FULL

NAME

Willie Abrams

(9) PRESENT

RESIDENCE

Cherokee S.C.

(10) COLOR

OR

Black

(11) AGE AT LAST

BIRTHDAY

19

(12) BIRTHPLACE

Cherokee Co

(13) OCCUPATION

Farming

(14) Number of children born to

mother, including present birth

2

MOTHER.

(14) NAME BEFORE

MARRIAGE

China Martin

(15) PRESENT

RESIDENCE

Cherokee S.C.

(16) COLOR

OR

Black

(17) AGE AT LAST

BIRTHDAY

17

(18) BIRTHPLACE

Cherokee Co

(19) OCCUPATION

Farm Helper

(20) Number of children of this mother

now living, including present birth

2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(22) (Signature)

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife

Cherokee S.C.

Given name added from a supplemental report

(25) Witness

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

(26) Filed

Jan 10, 1919

(27)

James S. Huff

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.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

Bureau of Statistics, Columbia, S. C.