

(1) PLACE OF BIRTH

County of

Township of

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

46397

Registration District No. 2210 Registered No. 2

(For use of Local Registrar)

(2) Full Name of Child. Henry 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

To be answered only in event of Twins or Triplets.

(6) Are Parents Married?

No

(7) DATE OF BIRTH

Jan 1, 1916

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Adolphus Brown

(9) PRESENT POSTOFFICE OF FATHER

Greenville

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

35

(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farming

MOTHER.

(14) NAME BEFORE MARRIAGE

Evelina Evans

(15) PRESENT POSTOFFICE OF MOTHER

Greenville 46

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

25

(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Farm Laborer

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

3

(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 alive at 9 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

J. J. Jones

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Midwife

Simpsonville

Given name added from a supplemental report

(26) Witness

W. J. Riddle

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

(27) Filed

Jan 9, 1916

(28)

S. A. Morris

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.

THIS STATE, WITH SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 2.

McGraw, of Columbia.