

(1) PLACE OF BIRTH **CERTIFICATE OF BIRTH**

County of Greenville STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 Township of Grove State Board of Health

File No.—For State Registrar Only
46397

Inc. Town of Registration District No. 2210 Registered No. 2
 (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 Henry Brown } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>35</u> <small>Is to be answered only in event of Twins or Triplets.</small>	(6) Are Parents Married? <u>No</u>	(7) DATE OF BIRTH <u>Jan 1, 1916</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.		MOTHER.		
(8) FULL NAME <u>Adolphus Brown</u>	(14) NAME BEFORE MARRIAGE <u>Evilina Evans</u>	(15) PRESENT POSTOFFICE OF FATHER <u>Greenville</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Greenville #6</u>	(16) COLOR OR RACE <u>Negro</u>
(9) PRESENT POSTOFFICE OF FATHER <u>Greenville</u>	(11) AGE AT LAST BIRTHDAY <u>35</u> <small>(Years)</small>	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>28</u> <small>(Years)</small>	(18) BIRTHPLACE <u>S.C.</u>
(10) COLOR OR RACE <u>Negro</u>	(12) BIRTHPLACE <u>S.C.</u>	(19) OCCUPATION <u>Farming</u>	(19) OCCUPATION <u>Janua Laborer</u>	(20) Number of children of this mother now living, including present birth <u>3</u>
(13) OCCUPATION <u>Farming</u>	(20) Number of children born to mother, including present birth <u>3</u>	(21) Number of children of this mother now living, including present birth <u>3</u>		

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) Josanna Jones
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Simpsonville

Given name added from a supplemental report
 191.....
 Registrar

(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.

McCaw, of Columbia.
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
 SEPARATE BLANK FOR EACH CHILD, AND MARK THE