

MARGIN RESERVED FOR BINDING.
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. II.—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.

| (1) PLACE OF BIRTH | | CERTIFICATE OF BIRTH | | File No. For State Registrar Only | |
|---|---|--|---|---|--|
| County of | | STATE OF SOUTH CAROLINA. | | 80642 | |
| Township of | | Bureau of Vital Statistics | | | |
| or | | State Board of Health | | | |
| Inc. Town of | | Registration District No. 902 | | Registered No. 198 | |
| or | | | | (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. <u>Peter Brown</u> | | | | | |
| (3) SEX OR GENDER <u>Boy</u> | (4) Twin or Triplet? <u>✓</u> | (5) Number in order of birth <u>1</u> | (6) Are Parents Married? <u>✓</u> | (7) DATE OF BIRTH <u>Oct. 10</u> (Name of Month) (Day) (Year) | |
| FATHER. | | | MOTHER. | | |
| (8) FULL NAME <u>Brown Brown</u> | | | (14) NAME BEFORE MARRIAGE <u>Rosa Brown</u> | | |
| (9) PRESENT POSTOFFICE OF FATHER <u>Edisto Isd.</u> | | | (15) PRESENT POSTOFFICE OF MOTHER <u>Same</u> | | |
| (10) COLOR OR RACE <u>Col</u> | (11) AGE AT LAST BIRTHDAY <u>40</u> (Years) | (16) COLOR OR RACE <u>Col</u> | | (17) AGE AT LAST BIRTHDAY <u>25</u> (Years) | |
| (12) BIRTHPLACE <u>Ch. Co.</u> | | | (18) BIRTHPLACE <u>Same</u> | | |
| (13) OCCUPATION <u>Farmer</u> | | | (19) OCCUPATION <u>Same</u> | | |
| (20) Number of children born to mother, including present birth <u>1</u> | | | (21) Number of children of this mother now living, including present birth <u>1</u> | | |
| CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE | | | | | |
| (22) I hereby certify that I attended the birth of this child, who was <u>born alive or stillborn</u> at <u>10:00</u> (Hour A. M. or P. M.) on the date above stated. | | | | | |
| (23) (Signature) <u>[Signature]</u> | | | (25) Address of Physician or Midwife <u>Edisto Isd.</u> | | |
| (24) State whether Physician or Midwife <u>Midwife</u> | | | | | |
| Given name added from a supplemental report <u>191</u> | | | (26) Witness (Signature of Witness necessary only when question 23 is signed by male) <u>[Signature]</u> | | |
| Registrar <u>[Signature]</u> | | | (27) Filed <u>Oct 10 1915</u> (28) Local Registrar <u>[Signature]</u> | | |

*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.