

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

N. H.—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.

McGraw-Hill, Columbia

(1) PLACE OF BIRTH  
 County of Cherokee  
 Township of Edisto Islet  
 Inc. Town of \_\_\_\_\_  
 or  
 City of \_\_\_\_\_ (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)  
 (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  
80642

(2) Full Name of Child Peter Brown Registered No. 190  
 (For use of Local Registrar)  
 If child is not yet named, make supplemental report as directed

(3) SEX OR GENDER Boy (4) Twin or Triplet? ✓ (5) Number in order of birth \_\_\_\_\_  
To be answered only in case of twins or triplets (6) Are Parents Married? ✓ (7) DATE OF BIRTH Oct. 10 1916  
 (Name of Month) (Day) (Year)

**FATHER.**  
 (8) FULL NAME Clason Brown  
 (9) PRESENT POSTOFFICE OF FATHER Edisto Islet  
 (10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 40  
(Years)  
 (12) BIRTHPLACE Ch. Co.  
 (13) OCCUPATION Tanner

**MOTHER.**  
 (14) NAME BEFORE MARRIAGE Rosa Brown  
 (15) PRESENT POSTOFFICE OF MOTHER Same  
 (16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 25  
(Years)  
 (18) BIRTHPLACE Same  
 (19) OCCUPATION Same  
 (21) Number of children of this mother now living, including present birth 1

**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) [Signature]  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Edisto Islet

Given name added from a supplemental report \_\_\_\_\_  
 \_\_\_\_\_ 191 \_\_\_\_\_  
 \_\_\_\_\_ Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) [Signature]  
 (27) [Signature] (28) \_\_\_\_\_ 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.