

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate.)

# 1. PLACE OF BIRTH

County of Chesterfield

Township of ✓

or  
Inc. Town of Alligator

or  
City of                     

(If birth occurs in a hospital or other institution, give name of same instead of street and number)

## Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 1200

16 093375

FILE No.—For State Registrar Only

00204

Registered No.                       
(For use of Local Registrar)

# 2. FULL NAME OF CHILD Edward Brown

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

3. Boy or Girl <u>Boy</u>	If Plural births <u>                    </u>	4. Twin, triplet or other. <u>                    </u>	6. Premature <u>                    </u>	7. Are Parents Married? <u>Yes</u>	8. Date of birth <u>April 18 16</u> (Month, day, year)
5. Number, in order of birth <u>                    </u>		Full term <u>                    </u>		19. <u>                    </u>	

9. Full name FATHER  
L. S. Brown

18. Name before marriage MOTHER  
Nellie Mae McLean

10. Residence (mailing address)  
(If non-resident, give place and State) Middendorf, S.C.

19. Residence (mailing address)  
(If non-resident, give place and State) Middendorf, S.C.

11. Color or race White 12. Age at child's birth 27 (years)

20. Color or race White 21. Age at child's birth 26 (years)

13. Birthplace (city or place)  
(State or country) Chesterfield Co.

22. Birthplace (city or place)  
(State or country) Chesterfield Co.

14. Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc. Farmer

23. Trade, profession, or particular  
kind of work done, as house-  
keeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which  
work done, as silk mill,  
sawmill, bank, etc.                     

24. Industry or business in which  
work was done, as own home,  
lawyer's office, silk mill, etc.                     

16. Date (month and year) last  
engaged in this work                     , 19...                     

25. Date (month and year) last  
engaged in this work                     , 19...                     

17. Total time (years)  
spent in this work                     

26. Total time (years)  
spent in this work                     

27. Number of children of this mother 10  
(At time of birth and including this child (a) Born alive and now living 10 (b) Born alive but now dead 0 (c) Stillborn 0)

28. If stillborn,                      months                      weeks                      29. Cause of stillbirth                       
period of gestation                      Before labor                       
During labor                     

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was born at 10:00 A.m. on the date above stated.

(Signed) Nellie Mae McLean Parent

or                     , Guardian

Address                     

Filed Jan. 27, 1944 L. A. Riser, M.D.

Registrar

Registrar