

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 ✓ Alligator  
 or  
 Inc. Town of \_\_\_\_\_  
 or  
 City of \_\_\_\_\_

# Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics  
 State Board of Health

Registration District No. 12.00 Registered No. \_\_\_\_\_  
 (For use of Local Registrar)

16 093375

FILE No.—For State Registrar Only  
00204

2. FULL NAME OF CHILD Edward Brown { If child is not yet named, make supplemental report as directed.

3. Boy or Girl Boy If Plural Births \_\_\_\_\_ 4. Twin, triplet or other. \_\_\_\_\_ 5. Number, in order of birth \_\_\_\_\_ 6. Premature \_\_\_\_\_ Full term \_\_\_\_\_ 7. Are Parents Married? Yes 8. Date of Birth April 18 1944  
 (Month, day, year)

9. Full name FATHER  
L. S. Brown  
 10. Residence (mailing address) Middendorf, S.C.  
 (If non-resident, give place and State)  
 11. Color or race White 12. Age at child's birth 27 (years)  
 13. Birthplace (city or place) Chesterfield Co.  
 (State or country)  
 OCCUPATION  
 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer  
 15. Industry or business in which work done, as silk mill, sawmill, bank, etc. \_\_\_\_\_  
 16. Date (month and year) last engaged in this work \_\_\_\_\_ 19\_\_\_\_  
 17. Total time (years) spent in this work \_\_\_\_\_

18. Name before marriage MOTHER  
Nellie Mae McLean  
 19. Residence (mailing address) Middendorf, S.C.  
 (If non-resident, give place and State)  
 20. Color or race White 21. Age at child's birth 26 (years)  
 22. Birthplace (city or place) Chesterfield Co.  
 (State or country)  
 OCCUPATION  
 23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. Housewife  
 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. \_\_\_\_\_  
 25. Date (month and year) last engaged in this work \_\_\_\_\_ 19\_\_\_\_  
 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, period of gestation \_\_\_\_\_ months \_\_\_\_\_ weeks 29. Cause of stillbirth \_\_\_\_\_  
 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