

(1) PLACE OF BIRTH

County of GreenvilleTownship of Brown

OR

Inc. Town of

OR

City of

(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

56084

Registration District No. 2210 Registered No. 24

(For use of Local Registrar)

(2) Full Name of Child Marie Brown

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

| | | | | |
|--|--|---------------------------------|---|---|
| (3) BOY OR GIRL? <u>Girl</u> | (4) Twin or Triplet? <u>No</u> <small>(Indicate which is next of Twin or Triplet)</small> | (5) Number in order of birth | (6) Are Parents Married? <u>Yes</u> | (7) DATE OF BIRTH <u>Apr. 19, 1916</u> <small>(Name or Month) (Day) (Year)</small> |
| FATHER | | | MOTHER | |
| (8) FULL NAME <u>Charles Brown</u> | | | (14) NAME BEFORE MARRIAGE <u>Lillie McCloud</u> | |
| (9) PRESENT POSTOFFICE OF FATHER <u>Piedmont</u> | | | (15) PRESENT POSTOFFICE OF MOTHER <u>Piedmont</u> | |
| (10) COLOR OR RACE <u>Negro</u> | (11) AGE AT LAST BIRTHDAY <u>44</u> <small>(Years)</small> | (16) COLOR OR RACE <u>Negro</u> | (17) AGE AT LAST BIRTHDAY <u>37</u> <small>(Years)</small> | |
| (12) BIRTHPLACE <u>S.C.</u> | | | (18) BIRTHPLACE <u>S.C.</u> | |
| (13) OCCUPATION <u>Farmer</u> | | | (19) OCCUPATION <u>Housewife</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 12 9 A.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Robert S. Brown
(24) State whether Physician or Midwife (25) Address of Physician or MidwifeMidwife Piedmont

Given name added from a supplemental report

(26) Witness Charles Brown
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Apr. 29, 1916 (28) S. A. Mims
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.

N. B.—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 2.
McCaw, of Columbia.