

(1) PLACE OF BIRTH

County of MarlboroTownship of Red Hill

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

46906

Registration District No. 3307 Registered No. 7
(For use of Local Registrar)City of (No. St.; Ward)(2) Full Name of Child Bertha Lee Brown { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Girl

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in event of Twins or Triplets

(6) Are Parents Married? No(7) DATE OF BIRTH Jan 16 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME General Brown(9) PRESENT POSTOFFICE OF FATHER Blenheim(10) COLOR OR RACE col(11) AGE AT LAST BIRTHDAY 22
(Years)(12) BIRTHPLACE Marion Washington(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Francis Townsend(15) PRESENT POSTOFFICE OF MOTHER Blenheim SC(16) COLOR OR RACE col(17) AGE AT LAST BIRTHDAY 21
(Years)(18) BIRTHPLACE Marlboro(19) OCCUPATION Laborer(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alone at 7 months on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Sallie

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Mid WifeBlenheim

Given name added from a supplemental report

191

Registrar

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Jan 28 1916

(28)

H. E. Majors
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 5.

-Cav. of Columbia

MAILED FEBRUARY 1916 THIS IS A TENTATIVE RECORD.

Form No. 10.