

Form No. 1.

(1) PLACE OF BIRTH
County of Greenwood STATE OF SOUTH CAROLINA.
Township of Phoebe Bureau of Vital Statistics
or State Board of Health
Inc. Town of Registration District No. 2311

File No. For State Registrar Only
43146

or Registered No. 65
(For use of Local Registrar)
or
City of (No. SL; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Richard H. Brown } If child is not yet named, make supplemental report as directed.

(3) BOY OR GIRL? Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH Dec 22 1915
To be answered only in case of twins or triplets (Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Aly Brown
(9) PRESENT POSTOFFICE OF FATHER Greenwood
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 23
(12) BIRTHPLACE Epworth
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth } One (1)

MOTHER.
(14) NAME BEFORE MARRIAGE Lora Ambrose
(15) PRESENT POSTOFFICE OF MOTHER Greenwood
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 22
(18) BIRTHPLACE Greenwood Co
(19) OCCUPATION Home wife
(21) Number of children of this mother now living, including present birth } One (1)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive (Born not of stillborn) (Hour, A. M. or P. M.)
on the date above stated.

(23) (Signature) Mandy Sanders, Midwife
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report
..... 191.....
.....
..... Registrar

(26) Witness Lillie Lake
(Signature of Witness necessary only when question 22 is signed by marks)
(27) Filed Dec 27 1915 (28) Joseph Lake 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.

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