

Form No. 1.

(1) PLACE OF BIRTH **CERTIFICATE OF BIRTH**

County of Greenwood STATE OF SOUTH CAROLINA.  
Bureau of Vital Statistics  
Township of Phlox State Board of Health

File No. For State Registrar Only

43146

Inc. Town of ..... Registration District No. 2311 Registered No. 65  
(For use of Local Registrar)

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? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 21 1915  
(Name of Month) (Day) (Year)

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

MOTHER.  
(14) NAME BEFORE MARRIAGE Lora Anthony  
(15) PRESENT POSTOFFICE OF MOTHER Greenwood  
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 22 (Years)  
(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 alive or stillborn) (Hour A. M. or P. M.)  
on the date above stated.

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

Given name added from a supplemental report

(26) Witness Lillie Lake  
(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Dec 31 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.