

Form No. 1.

(1) PLACE OF BIRTH

County of Aikens

Township of Essex

or
Inc. Town of

or Warrenville

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

71077

Registration District No. 204

Registered No. 44

(For use of Local Registrar)

St.; Ward)

(No. St.; Ward)

(2) Full Name of Child William 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 7 (6) Are Parents Married? yes (7) DATE OF BIRTH Aug 2 1916
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Nelson O. Brown

(9) PRESENT POSTOFFICE OF FATHER Warrentonville S.C.

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 31 (Years)

(12) BIRTHPLACE Edenfield S.C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 7

MOTHER.

(14) NAME BEFORE MARRIAGE Katie Brown

(15) PRESENT POSTOFFICE OF MOTHER Warrentonville R.F.D.

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 32 (Years)

(18) BIRTHPLACE Langley

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Merritt B. Burt

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Warrentonville S.C.

Given name added from a supplemental report

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

(27) Filed Aug 15 1916 (28) H. E. Ward 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 INK. THIS IS A PERMANENT RECORD. 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. McGraw-Hill Co. of Columbia.