

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.

County of Florence  
 Township of Effingham  
 or  
 Inc. Town of .....

STATE OF SOUTH CAROLINA.  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only  
 72716

Registration District No. 2004 Registered No. 58  
 (For use of Local Registrar)

City of ..... (No. .... St.; ..... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <u>1</u> <small>To be answered only in event of Twins or Triplets.</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Aug 18</u> 19 <u>16</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.			MOTHER.	
(8) FULL NAME <u>Ray Brown</u>	(14) NAME BEFORE MARRIAGE <u>Dora Ethel Gause</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Effingham SC</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Effingham</u>	(16) COLOR OR RACE <u>W</u>
(10) COLOR OR RACE <u>W</u>	(11) AGE AT LAST BIRTHDAY <u>23</u> <small>(Years)</small>	(12) BIRTHPLACE <u>Effingham SC</u>	(17) AGE AT LAST BIRTHDAY <u>20</u> <small>(Years)</small>	(18) BIRTHPLACE <u>Effingham</u>
(13) OCCUPATION <u>Farmer</u>	(20) Number of children born to mother, including present birth <u>2</u>	(19) OCCUPATION <u>Housekeeper</u>	(21) Number of children of this mother now living, including present birth <u>2</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive at 4 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. E. Hatcher  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife M.D. Gimmussville S.C.

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 Aug 19 191..... (28) DC. Hill 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.