

THIS FORM IS TO BE FILLED IN BY THE REGISTRAR, WHO, UNLESS OTHERWISE ORDERED, SHALL BE THE REGISTRAR OF THE COUNTY.

A. 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 6.

(1) PLACE OF BIRTH
 County of Charlottesville STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 Township of State Board of Health

File No.—For State Registrar Only
50381

Inc. Town of Charlottesville Registration District No. 40-a Registered No. 35
 or (For use of Local Registrar)
 City of Charlottesville (No. 128 Colton 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 Brown { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Feb. 17, 1916</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Jesse Brown

(9) PRESENT POSTOFFICE OF FATHER Charlottesville

(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 32 (Years)

(12) BIRTHPLACE Madison N.C.

(13) OCCUPATION mill work

(20) Number of children born to mother, including present birth { 6

MOTHER.

(14) NAME BEFORE MARRIAGE Martha B. Bland

(15) PRESENT POSTOFFICE OF MOTHER Charlottesville

(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 29 (Years)

(18) BIRTHPLACE Madison N.C.

(19) OCCUPATION domestic

(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 at M., on the date above stated. (Born alive or ~~stillborn~~) (Hour A. M. or P. M.)

(23) (Signature) J. J. Copes

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Charlottesville, 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 Feb. 1916 (28) Jas. Copes 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.

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