

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

File No.—For State Registrar Only
50381

Inc. Town of Charlottesville Registration District No. 40-a Registered No. 35
 City of Charlottesville, S. C. (No. 128 Colton) (For use of Local Registrar)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.) St.; Ward)

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

(3) <u>Boy</u> OR GIRL	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Feb. 17, 1916</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Jesse Brown</u>			(14) NAME BEFORE MARRIAGE <u>Martha Baser</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Charlottesville</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Charlottesville</u>	
(10) COLOR OR RACE <u>W</u>	(11) AGE AT LAST BIRTHDAY <u>52</u> (Years)	(16) COLOR OR RACE <u>W</u>	(17) AGE AT LAST BIRTHDAY <u>29</u> (Years)	
(12) BIRTHPLACE <u>Madison N.C.</u>			(18) BIRTHPLACE <u>Madison N.C.</u>	
(13) OCCUPATION <u>mill work</u>			(19) OCCUPATION <u>domestic</u>	
(20) Number of children born to mother, including present birth <u>6</u>			(21) Number of children of this mother now living, including present birth <u>3</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was at 11:20 a.m. 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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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.
 McCaw, N. J.
 McCaw,

THIS IS TO BE KEPT IN THE OFFICE OF THE REGISTRAR AND NOT TO BE RETURNED TO THE FATHER OR MOTHER.