

## (1) PLACE OF BIRTH

County of BerkeleyTownship of Catawbaor  
Inc. Town of .....or  
City of .....

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Julia Brown

If child is not yet named, make supplemental report as directed

(3) ~~BOY OR~~ GIRL? (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? No (7) DATE OF BIRTH Dec 16<sup>th</sup> 1916  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Emanuel Brown(9) PRESENT POSTOFFICE OF FATHER Cross St.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 56  
(Years)(12) BIRTHPLACE Morefield(13) OCCUPATION Laborer(20) Number of children born to mother, including present birth 5

## MOTHER.

(14) NAME BEFORE MARRIAGE Hetty Green(15) PRESENT POSTOFFICE OF MOTHER Cross St.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 36  
(Years)(18) BIRTHPLACE unknown(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 Born alive at 3 a. M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Rebecca Johnson(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Cross St.

Given name added from a supplemental report

(26) Witness J. M. Brown  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Dec 16<sup>th</sup> 1916 (28) D. W. Brown  
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.