

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.

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

File No.—For State Registrar Only

75884

Inc. Town of Registration District No. **707** Registered No. **19**
 or
 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 **Estell Brown** { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? **girl** (4) Twin or Triplet? **No.** (5) Number in order of birth **1** (6) Are Parents Married? **Yes** (7) DATE OF BIRTH **Sept. 12th 1916**
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME **Boysen Brown**
 (9) PRESENT POSTOFFICE OF FATHER **Wando SC**
 (10) COLOR OR RACE **Negro** (11) AGE AT LAST BIRTHDAY **38** (Years)
 (12) BIRTHPLACE **Berkely SC**
 (13) OCCUPATION **Farmer**
 (20) Number of children born to mother, including present birth {

MOTHER.
 (14) NAME BEFORE MARRIAGE **Rebecca Dags**
 (15) PRESENT POSTOFFICE OF MOTHER **Wando**
 (16) COLOR OR RACE **Negro** (17) AGE AT LAST BIRTHDAY (Years)
 (18) BIRTHPLACE **Berkely SC**
 (19) OCCUPATION **House wife**
 (21) Number of children of this mother now living, including present birth {

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) **Estell Washington**

(24) State whether Physician or Midwife (25) Address of Physician or Midwife **Midwife Wando SC**

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 **Sept 25 1916** (28) **W. E. Cooke**

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.