

WHEN FILLING, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
M. R.—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 8.

(1) PLACE OF BIRTH

County of Hampton  
Township of King  
or  
Inc. Town of  
or  
City of Hampton (No. 11702 Registered No. 14)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

66576

(2) Full Name of Child

Sadie Lee Brown

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

(3) BOY OR GIRL Girl

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are you Parents Married?

(7) DATE OF BIRTH Jun. 29, 1916  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Joe S. Brown

(9) PRESENT POSTOFFICE OF FATHER Kingston

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 49 (Years)

(12) BIRTHPLACE Hampton

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Mauda David

(15) PRESENT POSTOFFICE OF MOTHER Kingston

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 24 (Years)

(18) BIRTHPLACE Hampton

(19) OCCUPATION Housekeeper

(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 at Hampton 3 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) M. J. Brown

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife Kingston

Given name added from a supplemental report

(26) Witness J. S. Brown

Signature of Witness necessary only when question 23 is signed by mark

(27) Filed July 8, 1916

(28) J. S. 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.

Fifth month of pregnancy.