

(1) PLACE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

78655

County of Orangeburg
Township of Harley Hillor
Inc. Town of Registration District No. 3607 Registered No. 176
(For use of Local Registrar)
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 Les. Royal Brown { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Aug 30 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME James Brown
(9) PRESENT POSTOFFICE OF FATHER Harley Hill
(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 19 (Years)
(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth { 1

MOTHER.

(14) NAME BEFORE MARRIAGE Susan Whack
(15) PRESENT POSTOFFICE OF MOTHER Harley Hill
(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 24 (Years)
(18) BIRTHPLACE S.C.(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth { 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 10 P M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Charles H. Thomas (24) State whether Physician or Midwife (25) Address of Physician or Midwife Med.

Given name added from a supplemental report

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Registrar

(26) Witness Essie McLean
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed 10-6 1916 (28) S. McLean 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.