

(1) PLACE OF BIRTH

County of Willieusby

Township of Anden

or
Inc. Town of

or
City of

(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
79613

Registration District No. H800 Registered No. 33

(For use of Local Registrar)

(2) Full Name of Child Roselee 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?	(7) DATE OF BIRTH
	<small>To be answered only in event of Twins or Triplets</small>			<u>Aug. 19, 1914</u>
				<small>(Name of Month) (Day) (Year)</small>

FATHER.

(8) FULL NAME Edmond Brown

(9) PRESENT POSTOFFICE OF FATHER Treo

(10) COLOR OR RACE Wp (11) AGE AT LAST BIRTHDAY 36 (Years)

(12) BIRTHPLACE SC

(13) OCCUPATION Public

(20) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE annie Gordon

(15) PRESENT POSTOFFICE OF MOTHER Treo

(16) COLOR OR RACE Wp (17) AGE AT LAST BIRTHDAY 35 (Years)

(18) BIRTHPLACE SC

(19) OCCUPATION Jan

(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 8 P M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) James M. Morris

(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Treo 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 8 19 1914 (28) J.W. Hamilton 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.

THIS FORM IS PRINTED AT THE OFFICE OF THE REGISTRAR OF BIRTHS, DEATHS AND MARRIAGES, COLUMBIA, SOUTH CAROLINA.