

Form No. 10.

MARGIN RESERVED FOR BINDING.
WHITE 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

City of Columbia.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Richland
Township of Center

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.)
Registration District No. 3804 Registered No. 6
(For use of Local Registrar)

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
50317

(2) Full Name of Child Avery Brown

(3) BOY OR GIRL Girl

(4) Twin or Triplet? ☒

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Jan 13 1916
(Name of Month) (Day) (Year)

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

FATHER.

(8) FULL NAME Julton Brown

(9) PRESENT POSTOFFICE OF FATHER Longane, S.C.

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY W.R.

(12) BIRTHPLACE S.C.

(13) OCCUPATION Farm Laborer

(20) Number of children born to mother, including present birth W.R.

MOTHER.

(14) NAME BEFORE MARRIAGE Maqqie

(15) PRESENT POSTOFFICE OF MOTHER Longane, S.C.

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY W.R.

(18) BIRTHPLACE S.C.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth W.R.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Gornelia Brown

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed for mark)

(27) Filed Jan 14 1916 (28) Louis LeConte 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.

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