

Form No. 1

(1) PLACE OF BIRTH

County of Florence
 Township of Shiloh
 or Town of Shiloh
 or City of Shiloh

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

3811

Registration District No. 20 Registered No. 80
 (For use of Local Registrar)

City of Shiloh (No. 111 East Main 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 Rainey Brown If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb 16 1923
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Joe Brown
 (9) PRESENT POSTOFFICE OF FATHER Florence, S.C.
 (10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 35 (Year)
 (12) BIRTHPLACE Florence, S.C.
 (13) OCCUPATION Workman

MOTHER.
 (14) NAME BEFORE MARRIAGE Emma Sawyer
 (15) PRESENT POSTOFFICE OF MOTHER Florence, S.C.
 (16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 32 (Year)
 (18) BIRTHPLACE Florence, S.C.
 (19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 4 (21) Number of children of this mother now living, including present birth 4

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. (B) Alive or stillborn Hour A. M. or P. M. 17

(23) (Signature) Julia H. Hines (24) State whether Physician or Midwife (25) Address of Physician or Midwife Shiloh

Given name added from a supplemental report

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

(27) Filed Feb. 17, 1923 (28) P. H. Hines 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.