

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

72554

(1) PLACE OF BIRTH

County of ... *Edgefield* ...Township of ... *Shaw* ...

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. *1810*Registered No. *30*

(For use of Local Registrar)

(2) Full Name of Child ... *Charles Brown* ...

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

(3) BOY OR GIRL?
Boy

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth *2*(6) Are Parents Married? *yes*

(7) DATE OF BIRTH

June 6, 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Joe Brown

(9) PRESENT POSTOFFICE OF FATHER

Truett SC

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

2
(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farmer

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

2

MOTHER.

(14) NAME BEFORE MARRIAGE

Mama Brown

(15) PRESENT POSTOFFICE OF MOTHER

Truett

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

20
(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Farmer Land

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

2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *Female*, at *8* ... A.M., on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) *Beulah ...*

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

*Midwife**Truett SC*

Given name added from a supplemental report

....., 191.....

Registrar

(26) Witness *W.H. ...*
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed *June 8, 1916* (28) *J.R. ...* 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.

MARGIN RESERVED FOR BINDING.

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

McCaw, of Columbia.