

Form No. 1

(1) PLACE OF BIRTH

County of Beaufort

Township of Sheldon

Inc. Town of Sheldon

City of Sheldon

(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

58795

Registration District No. 605B Registered No. 46

(For use of Local Registrar)

(2) Full Name of Child Lilla Reed Brown

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

(3) BOY OR GIRL? Girl

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? No

(7) DATE OF BIRTH May 21, 1916

To be answered only in case of Twins or Triplets

(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Illigitimate

(14) NAME BEFORE MARRIAGE Edith Brown

(9) PRESENT POSTOFFICE OF FATHER

(15) PRESENT POSTOFFICE OF MOTHER Yemassee, S. C., R.F.D.

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY

(Years)

(16) COLOR OR RACE Negro

(17) AGE AT LAST BIRTHDAY

(Years)

(12) BIRTHPLACE

(18) BIRTHPLACE

(13) OCCUPATION

(19) OCCUPATION Ellict Plantation, S. C.

Farm Hand

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

Two

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

One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 70'clock P.M. on the date above stated.

(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Charles J. Brown

(24) State whether Physician or Midwife Midwife Address of Physician or Midwife Yemassee, S. C., R.F.D.

Given name added from a supplemental report

101

Registrar

(26) Witness Roy B. Williams

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

(27) Filed May 29, 1916

(28)

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.

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 mark the FIRST-BORN N. NO. 1 THE OTHER, NO. 2, etc., in question 5.
McCaw, of Columbia.