

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

(1) PLACE OF BIRTH
County of Rich
Township of South
OR
Inc. Town of
OR
City of

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

File No.—For State Registrar Only
74551

Registration District No. 380.1 Registered No. 17
(For use of Local Registrar)

(No. 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 Esther Clyde If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? 2 (5) Number in order of birth 3 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 12 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Earl Brown
(9) PRESENT POSTOFFICE OF FATHER Easton S C A F D
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 26 (Years)
(12) BIRTHPLACE Rich Co
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Charlotte Campbell
(15) PRESENT POSTOFFICE OF MOTHER Easton S C A F D
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 26 (Years)
(18) BIRTHPLACE Rich Co
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 2 1/2 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Arena Hays

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed June 15 1916 (28) Laura L. Conner 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.