

(1) PLACE OF BIRTH

County of Florence

Township of

OR

Inc. Town of

OR

City of Florence

(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

64265

Registration District No. 80-A Registered No. 143

(For use of Local Registrar)

(No. 607 Commander Ward)(2) Full Name of Child Samuel Brown If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in case of Twins or Triplets</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 12 1916</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(8) FULL NAME James Brown(9) PRESENT POSTOFFICE OF FATHER Florence S.C.(10) COLOR OR RACE col (11) AGE AT LAST BIRTHDAY 27
(Years)(12) BIRTHPLACE Darlington S.C.(13) OCCUPATION Cook(20) Number of children born to mother, including present birth two

MOTHER.

(14) NAME BEFORE MARRIAGE Nancy Jackson(15) PRESENT POSTOFFICE OF MOTHER Florence S.C.(16) COLOR OR RACE col (17) AGE AT LAST BIRTHDAY 25
(Years)(18) BIRTHPLACE Florence S.C.(19) OCCUPATION Teacher(21) Number of children of this mother now living, including present birth two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 6 a.m. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) M. H. Jargon(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Midwife of Florence S.C.

Given name added from a supplemental report

..... 191.....

..... Registrar

(26) Witness

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

(27) Filed June 12 1916 (28) M. H. Jargon 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 mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
McCaaw, of Columbia.