

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.

RECEIVED OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Greenville
Township of Greenville
or
Inc. Town of
or
City of

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

Registration District No. 2306

File No.—For State Registrar Only
90203

Registered No. 183
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
(2) Full Name of Child John Brown

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 28 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John Brown
(9) PRESENT POSTOFFICE OF FATHER Greenville S. C.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 19 (Years)
(12) BIRTHPLACE McCombs Co
(13) OCCUPATION Farm Laborer
(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Bertie Brown
(15) PRESENT POSTOFFICE OF MOTHER Greenville S. C.
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 19 (Years)
(18) BIRTHPLACE McCombs Co
(19) OCCUPATION Farm Laborer
(21) Number of children of this mother now living, including present birth 1

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

(23) (Signature) Catherine Jones
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Greenville S. C.

Given name added from a supplemental report

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

(27) Filed Jan 9 1917 (28) A. R. B. Smith 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.