

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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 Laurens
 Township of Laurens
 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
74546

Registration District No. 3801 Registered No. 72
 (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 Edna Morrison 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 1 (6) Are Parents Married? no (7) DATE OF BIRTH May 28 1916
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Mother & child
 (9) PRESENT POSTOFFICE OF FATHER Laurens
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 17 (Years)
 (12) BIRTHPLACE Laurens
 (13) OCCUPATION Laurens
 (20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Anna Brown
 (15) PRESENT POSTOFFICE OF MOTHER Laurens S.C.
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 17 (Years)
 (18) BIRTHPLACE Laurens
 (19) OCCUPATION Laurens
 (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 alive at 11 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Aug. J. Ashworth(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Laurens

Given name added from a supplemental report

(26) Witness J. B. Ashworth
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed May 31 1916(28) Laurens 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.