

FORM NO. 1.

(1) PLACE OF BIRTH

County of York
 Township of Mt. Holly
 or
 Inc. Town of West Lenoir
 or
 City of _____
 (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
48184

Registration District No. 000 Registered No. _____
 (For use of Local Registrar)

(2) Full Name of Child Margaret Brown } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet?	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Feb 14 1916</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Harry Brown
 (9) PRESENT POSTOFFICE OF FATHER mt Holly
 (10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY _____ (Years)
 (12) BIRTHPLACE mt Holly
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth _____

MOTHER.

(14) NAME BEFORE MARRIAGE Louinda Bryan
 (15) PRESENT POSTOFFICE OF MOTHER mt Holly
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 30 (Years)
 (18) BIRTHPLACE mt Holly
 (19) OCCUPATION Farmer
 (21) Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Lucinda Brown

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Rachel G. Yonden

Given name added from a supplemental report

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

(27) Filed Feb 20 1916 (28) L. L. Harrison
 Registrar 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.

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.
 McCaw, of Columbia