

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.

McGAW OF COLUMBIA, S. C.

<div> <div>(1) PLACE OF BIRTH</div> <div> <div>CERTIFICATE OF BIRTH</div> <div>STATE OF SOUTH CAROLINA.</div> <div>Bureau of Vital Statistics</div> <div>State Board of Health.</div> </div> </div> <div> <div>File No. For State Registrar Only</div> <div>17383</div> </div>			
<div> <div>County of Greenville</div> <div>Township of Greenville</div> <div>or</div> <div>Inc. Town of</div> <div>or</div> <div>City of</div> </div> <div>(If birth occurs in a hospital or other institution, give name of same instead of street and number)</div>		<div> <div>Registration District No. 2306</div> <div>Registered No. 131</div> <div>(For use of Local Registrar)</div> </div>	
<div> <div>(2) Full Name of Child</div> <div>Jimmie Brown</div> <div>(No. _____ St. _____ Ward _____)</div> <div>(If child is not yet named, make supplemental report as directed)</div> </div>			
<div>(3) BOY OR GIRL?</div> <div>girl</div>	<div>(4) Twin or Triplet?</div> <div>To be answered only in event of Twins or Triplets</div>	<div>(5) Number in order of birth</div>	<div>(6) Are Parents Married?</div> <div>yes</div>
<div>(7) DATE OF BIRTH</div> <div>Sept 6, 1916</div>		<div>(8) FATHER</div>	
<div>(9) FULL NAME</div> <div>Ephraim Brown</div>		<div>(14) NAME BEFORE MARRIAGE</div> <div>Nancy Smith</div>	
<div>(10) PRESENT POSTOFFICE OF FATHER</div> <div>Greenville S.C.</div>		<div>(15) PRESENT POSTOFFICE OF MOTHER</div> <div>Greenville S.C.</div>	
<div>(11) COLOR OR RACE</div> <div>Black</div>		<div>(16) COLOR OR RACE</div> <div>Black</div>	
<div>(12) BIRTHPLACE</div> <div>Greenville S.C.</div>		<div>(17) AGE AT LAST BIRTHDAY</div> <div>24</div>	
<div>(13) OCCUPATION</div> <div>Farmer Laborer</div>		<div>(18) BIRTHPLACE</div> <div>Greenville S.C.</div>	
<div>(19) OCCUPATION</div> <div>Domestic</div>		<div>(20) Number of children of this mother now living, including present birth</div> <div>4</div>	
<div>CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*</div>			
<div>(22) I hereby certify that I attended the birth of this child, who was <u>alive</u> on the date above stated.</div>			
<div>(23) (Signature)</div> <div>Ella Brown</div>		<div>(24) State whether Physician or Midwife</div> <div>Midwife</div>	
<div>(25) Address of Physician or Midwife</div> <div>4 P. M.</div>		<div>(26) Witness</div> <div>(Signature of Witness necessary only when question 23 is signed by mark)</div>	
<div>Given name added from a supplemental report</div>		<div>(27) Filed Oct 10, 1916</div>	
<div>19 _____ Registrar</div>		<div>(28) Local Registrar</div> <div>L. R. Brown</div>	

*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.

S. A. F. E. T. Y. A. F. I.