

Form No. 3

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

File No.—For State Registrar Only  
**88672**

(1) PLACE OF BIRTH  
 County of Calthon  
 Township of Pinhook  
 or  
 Inc. Town of Jonestas Registration District No. 803 Registered No. 121  
 or  
 City of \_\_\_\_\_ (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 Jack Brown { If child is not yet named, make supplemental report as directed.

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 2 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb, 22, 1916  
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Elbert Brown</u>	(14) NAME BEFORE MARRIAGE <u>Adrian Handley</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Fair Hill</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Fair Hill</u>
(10) COLOR OR RACE <u>color</u>	(11) AGE AT LAST BIRTHDAY <u>23</u> (Years)	(16) COLOR OR RACE <u>color</u>	(17) AGE AT LAST BIRTHDAY <u>19</u> (Years)
(12) BIRTHPLACE <u>Fair Hill</u>	(18) BIRTHPLACE <u>Fair Hill</u>	(13) OCCUPATION <u>farmer</u>	(19) OCCUPATION <u>farmer</u>
(20) Number of children born to mother, including present birth { <u>2</u>	(21) Number of children of this mother now living, including present birth { <u>2</u>		

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was live at 8 am M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mary Bullock

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report \_\_\_\_\_ 1916 \_\_\_\_\_ Registrar

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

(27) Filed Dec 31 1916 (28) Mary Bullock 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.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5. McCaw, of Columbia.