

(1) PLACE OF BIRTH  
 County of McClintock  
 Township of Liberty  
 or  
 Inc. Town of \_\_\_\_\_  
 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  
65326

Registration District No. 3702 Registered No. 45  
 (For use of Local Registrar)

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

(3) BOY OR GIRL? Boy (4) Twin or Triplet? \_\_\_\_\_ (5) Are Parents Married? Yes (6) DATE OF BIRTH June 6 (7) BIRTH (Name of Month) (Day) (Year)

**FATHER.**  
 (8) FULL NAME Grant Brown  
 (9) PRESENT POSTOFFICE OF FATHER Centenary S.C.  
 (10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 24 (Years)  
 (12) BIRTHPLACE Centenary, S.C.  
 (13) OCCUPATION Farming Laborer  
 (20) Number of children born to mother, including present birth 3

**MOTHER.**  
 (14) NAME BEFORE MARRIAGE Ethel Brown  
 (15) PRESENT POSTOFFICE OF MOTHER Centenary S.C.  
 (16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 20 (Years)  
 (18) BIRTHPLACE Centenary, S.C.  
 (19) OCCUPATION Farming Laborer  
 (21) Number of children of this mother now living, including present birth 2

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***  
 (22) I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) (Hour A. M. or P. M.)  
 on the date above stated.  
 (23) (Signature) Midwife Lucy Jinks  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Centenary 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 June 11 1916 (28) W. H. Ford 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.  
 WILLIAM PLAINLY, WITH UNFOLDING INC.—THIS IS A PERMANENT RECORD.  
 N. E.—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 8.