

Form No 1.

## (1) PLACE OF BIRTH

County of Orangeburg  
 Township of Wilder  
 or  
 Inc. Town of .....  
 or  
 City of ..... (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)  
 (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. 77112  
 For State Registrar Only

Registration District No. 3617 Registered No. 2nd  
 (For use of Local Registrar)

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

(3) BOY OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) <u>Married</u>	(7) DATE OF BIRTH
	<small>Is it assumed only in case of Twins or Triplets</small>			<u>Jan 7 1916</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.			MOTHER.	
(8) FULL NAME <u>Elmer Brown</u>			(14) NAME BEFORE MARRIAGE <u>Willie Thomas</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Norway Sc</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Norway Sc</u>	
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>40</u>	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>36</u>	
(12) BIRTHPLACE <u>Orangeburg Co</u>		(18) BIRTHPLACE <u>Orangeburg Sc</u>		
(13) OCCUPATION <u>farmer</u>		(19) OCCUPATION <u>house wife</u>		
(20) Number of children born to mother, including present birth <u>7</u>			(21) Number of children of this mother now living, including present birth <u>7</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive, at 12 M. on the date above stated.  
 (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. H. Brown

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

Given name added from a supplemental report

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Registrar

(26) Witness

(Signature of Witness necessary only when question 22 is signed by \_\_\_\_\_)

(27) Filed Jan 15 1916 (28) W. H. Brown 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.

McKay, of Columbia.