

(1) PLACE OF BIRTH

County of LeeTownship of Trasky Creek

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

90757

Registration District No. 3009Registered No. 579

(For use of Local Registrar)

(2) Full Name of Child. Addie Prime Brown If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 25 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME A. C. Brown(9) PRESENT POSTOFFICE OF FATHER Bethunes C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 23 (Years)(12) BIRTHPLACE Kershaw Co. S. C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Laniz Watson(15) PRESENT POSTOFFICE OF MOTHER Bethunes S. C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 28 (Years)(18) BIRTHPLACE Lee Co. S. C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 1 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Wm. R. C. Hays (24) State whether Physician or Midwife (25) Address of Physician or MidwifeMidwife Trasky Creek

Given name added from a supplemental report

(26) Witness Mary J. Hays (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Dec 30 1916 (28) See in file 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.