

(1) PLACE OF BIRTH

**CERTIFICATE OF BIRTH**

File No. 90757 For State Registrar Only

County of Lee STATE OF SOUTH CAROLINA.  
 Bureau of Vital Statistics  
 Township of Turkey Creek State Board of Health  
 or  
 Inc. Town of ..... Registration District No. 3009 Registered No. 579  
 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. Addie Prime Brown } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec 25, 1916</u>
FATHER.		MOTHER.		
(8) FULL NAME <u>A. C. Brown</u>		(14) NAME BEFORE MARRIAGE <u>Lanij Watson</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Bethunes C.</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Bethunes C.</u>		
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>23</u>	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>28</u>	
(12) BIRTHPLACE <u>Kershaw Co. S.C.</u>		(18) BIRTHPLACE <u>Lee Co. S.C.</u>		
(13) OCCUPATION <u>Farmer</u>		(19) OCCUPATION <u>Housewife</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>1</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) Mrs. R. C. Hays  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Turkey Creek

Given name added from a supplemental report  
 ..... 191.....  
 Registrar

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

(27) Filed Dec 30, 1916 (28) Res. in Lee  
 Local Registrar.

No. 1. THE OTHER, No. 2, etc., in question 5.  
 of Columbia

\*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.