

(1) PLACE OF BIRTH

County of Sumter  
Township of Middleton  
or  
Inc. Town of .....

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

File No. — For State Registrar Only  
**79440**

Registration District No. 4108 Registered No. 517  
(For use of Local Registrar)

City of ..... (No. .... St.; ..... Ward)  
(If birth occurs in a hospital, other institution, or name of same instead of street and number.)

(2) Full Name of Child Paulah May 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 36 (6) Are Parents Married? yes (7) DATE OF BIRTH (Name of Month) (Day) (Year) Aug 7 1916

**FATHER:**  
(8) FULL NAME James Brown  
(9) PRESENT POSTOFFICE OF FATHER Widgfield  
(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY (Years) 36  
(12) BIRTHPLACE SC  
(13) OCCUPATION Farmer  
(20) Number of children born to mother, including present birth 4

**MOTHER:**  
(14) NAME BEFORE MARRIAGE Elizabeth Sanders  
(15) PRESENT POSTOFFICE OF MOTHER Widgfield SC  
(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY (Years) 30  
(18) BIRTHPLACE SC  
(19) OCCUPATION Domestic  
(21) Number of children of this mother now living, including present birth 7

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

(22) I hereby certify that I attended the birth of this child, who was alive at 12:45 M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Anna Paul (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Widgfield SC

Given name added from a supplemental report ..... (26) Witness (Signature of Witness necessary only when question 23 is signed by mark) M. Paul

..... 19 1916 Registrar (27) Filed 6 (28) 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.

MISSISSIPPI OF COLUMBIA