

(1) PLACE OF BIRTH

County of SpartanburgTownship of PacquetInc. Town of PacquetCity of Pacquet

(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

74793

Registration District No. 4006 Registered No. 121

(For use of Local Registrar)

(2) Full Name of Child Louise Moss { If child is not yet named, make supplemental report as directed

| | | | | |
|---|----------------------|------------------------------|------------------------------------|---|
| (3) BOY OR GIRL? <u>Girl</u> | (4) Twin or Triplet? | (5) Number in order of birth | (6) Are Parents Married? <u>No</u> | (7) DATE OF BIRTH <u>Aug. 22</u> , 19 <u>16</u> |
| To be answered only in event of Twins or Triplets | | | | (Name of Month) (Day) (Year) |

FATHER.

(8) FULL NAME Scott Brown(9) PRESENT POSTOFFICE OF FATHER Pacquet SC(10) COLOR OR RACE Brown (11) AGE AT LAST BIRTHDAY 27 (Years)(12) BIRTHPLACE D.C.(13) OCCUPATION House Keeper(20) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Rosa Moss(15) PRESENT POSTOFFICE OF MOTHER Pacquet SC(16) COLOR OR RACE Brown (17) AGE AT LAST BIRTHDAY 40 (Years)(18) BIRTHPLACE Pacquet SC(19) OCCUPATION Farmer(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was B. Brown at Pacquet on the date above stated. (Barn alias or stillborn) (Hour A. M. or P. M.)(23) (Signature) Cedrick Gibbons

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

Given name added from a supplemental report

(26) Witness M. W. Brown (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Aug 25, 1916 (28) M. W. 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.

WRITE FULLY, 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.
McCaw, of Columbia.