

Form No 1.

(1) PLACE OF BIRTH

County of SumterTownship of Chesand

Loc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. for State Registration

83615

Registration District No. 4600 Registered No. 27

(For use of Local Registrar)

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

(a) SEX OF CHILD <u>girl</u>	(b) Twin or Triplet? <u>No</u>	(c) Number in order of birth <u>1</u>	(d) Age Parents Married <u>40</u>	(e) DATE OF BIRTH <u>Oct. 2, 1916</u>
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FATHER		MOTHER	
(1) FULL NAME <u>Rainey Brown</u>	(1) NAME BEFORE MARRIAGE <u>Annie Watkins</u>	(2) PRESENT POSTOFFICE OF FATHER <u>Sumter S.C.</u>	(2) PRESENT POSTOFFICE OF MOTHER <u>Sumter S.C.</u>
(3) COLOR OR RACE <u>negro</u>	(3) AGE AT LAST BIRTHDAY <u>26</u>	(3) COLOR OR RACE <u>negro</u>	(3) AGE AT LAST BIRTHDAY <u>22</u>
(4) BIRTHPLACE <u>S.C.</u>	(4) BIRTHPLACE <u>S.C.</u>	(5) OCCUPATION <u>Farming</u>	(5) OCCUPATION <u>Domestic</u>
(6) Number of children born to mother, including present birth <u>5</u>	(6) Number of children of this mother now living, including present birth <u>5</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(1) I hereby certify that I attended the birth of this child, who was born alive on the date above stated.(2) (Signature) Elizabeth Harrison

(3) State whether Physician or Midwife (4) Address of Physician or Midwife

midwife Sumter S.C.E. L. Newman

(5) Witness (Signature of Witness necessary only when question 2 is signed by mark)

(6) Date 10/12/16 (7) E. L. Newman

MARKIN RECORDED FOR BUNDLING.

WRITING PLAINLY, WITH UNFADING INK—THIS IS A PREPARATION FILMOGRAPH.

At Dec-20 case of twins on triplicate use a separate blank for each child, and mark the first-born on the first, the second-born on the second, etc., in question 2.