MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, 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, COLUMBIA, S. C.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
75145

(1) PLACE OF BIRTH

County of Williamsburg

Township of Mouzon

or

Inc. Town of .....

or

City of ..... (No. ..... St.; ..... Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 4306. Registered No. 74 (For use of Local Registrar)

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

(3) ~~BOY OR~~ GIRL?

(4) Twin or Triplet? (5) Number in order of birth — To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH August 30 1916 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Colon Brown

(9) PRESENT POSTOFFICE OF FATHER Kingstree

(10) COLOR OR RACE Negro

(11) AGE AT LAST BIRTHDAY 21 (Years)

(12) BIRTHPLACE Williamsburg Co

(13) OCCUPATION Farming

(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Florine Pinderghe

(15) PRESENT POSTOFFICE OF MOTHER Kingstree

(16) COLOR OR RACE Negro

(17) AGE AT LAST BIRTHDAY 20 (Years)

(18) BIRTHPLACE Williamsburg Co

(19) OCCUPATION House wife

(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10 A.M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Laura E. Epps

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife Cades

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

..... 19 .... Registrar

(26) Witness B. M. Smith (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Sept. 7 1916 (28) J. T. Frierson 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.