

Form No. 3

## (1) PLACE OF BIRTH

County of BerkeleyTownship of James Lane

Inc. Town of .....

City of .....

(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

88572

Registration District No. 704Registered No. 47

(For use of Local Registrar)

## (2) Full Name of Child

Laffont Brown

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parent Married? Yes(7) DATE OF BIRTH Nov 21 1916

(Name of Month) (Day) (Year)

(8) FULL NAME

Giles Brown

(9) PRESENT POSTOFFICE OF FATHER

Jamesstown S.C.(10) COLOR OR RACE C

(11) AGE AT LAST BIRTHDAY

(Years)

(12) BIRTHPLACE

Berkeley S.C.

(13) OCCUPATION

Laborer

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

5

(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 alive, at 6 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Larry Parker

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Jamesstown S.C.

Given name added from a supplemental report

May 15 1917W. D. Gamble

Registrar

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Name

Jan 1st 1917(28) W. D. Gamble

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.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the McCaw of Columbia. FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.