

Form No. 1.

(1) PLACE OF BIRTH.

County of Fairfield
 Township of Shelton
 or
 Inc. Town of Shelton
 or
 City of Shelton

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

File No.—For State Registrar Only
85459

Registration District No. 1900 Registered No. 81
 (For use of Local Registrar)
 (No. _____) ST.; _____ Ward
 (If birth occurs in a hospital or other institution give name of same instead of street and number.)

(2) Full Name of Child Evelina 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 1
To be answered only in case of Twins or Triplets

(6) Are Parents Married? No (7) DATE OF BIRTH Dec 14 1916
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME _____
 (9) PRESENT POSTOFFICE OF FATHER _____
 (10) COLOR OR RACE _____ (11) AGE AT LAST BIRTHDAY _____ (Years)
 (12) BIRTHPLACE _____
 (13) OCCUPATION _____
 (20) Number of children born to mother, including present birth 3

MOTHER.
 (14) NAME BEFORE MARRIAGE Evelina Brown
 (15) PRESENT POSTOFFICE OF MOTHER Shelton S.C.
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 24 (Years)
 (18) BIRTHPLACE Shelton, S.C.
 (19) OCCUPATION Cook
 (21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 7 o'clock A.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) I. J. Brown (24) State whether Physician or Midwife Midwife
 (25) Address of Physician or Midwife Shelton S.C.

Given name added from a supplemental report _____

(26) Witness H. G. Collins (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Nov. 23 1916 (28) H. G. Collins Local Registrar

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.

*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.