

FORM NO. 1

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

X. 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.

McC McCaw, of Columbia.

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

File No.—For State Registrar Only
 87792

(1) PLACE OF BIRTH
 County of Worcester
 Township of Johnson
 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. 4304 Registered No. 163
 (For use of Local Registrar)

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

| | | | | |
|--|---|------------------------------------|---|---|
| (3) BOY OR GIRL? <u>Boy</u> | (4) Twin or Triplet? _____ <small>To be answered only in case of Twins or Triplets</small> | (5) Number in order of birth _____ | (6) Are Parents Married? <u>Yes</u> | (7) DATE OF BIRTH <u>Mar 27 1916</u> <small>(Name of Month) (Day) (Year)</small> |
| FATHER. | | | MOTHER. | |
| (8) FULL NAME <u>W. J. Brown</u> | | | (14) NAME BEFORE MARRIAGE <u>Miss Viola Baskin</u> | |
| (9) PRESENT POSTOFFICE OF FATHER <u>Johnsonville</u> | | | (15) PRESENT POSTOFFICE OF MOTHER <u>Johnsonville</u> | |
| (10) COLOR OR RACE <u>White</u> | (11) AGE AT LAST BIRTHDAY <u>26</u> <small>(Years)</small> | (16) COLOR OR RACE <u>White</u> | (17) AGE AT LAST BIRTHDAY <u>24</u> <small>(Years)</small> | |
| (12) BIRTHPLACE <u>D.C.</u> | | | (18) BIRTHPLACE <u>Florida</u> | |
| (13) OCCUPATION <u>Clark</u> | | | (19) OCCUPATION <u>Clark</u> | |
| (20) Number of children born to mother, including present birth <u>3rd</u> | | | (21) Number of children of this mother now living, including present birth <u>3rd</u> | |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 530 P M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

M.B. Woodward M.D. em (23) (Signature) R. A. Crawford M.D.
 offic'd 3/3/43 (24) State whether Physician or Midwife (25) Address of Physician or Midwife _____

Given name added from a supplemental report _____, 191...

 Registrar

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

(27) Filed Dec 10 1914 (28) L. L. Reid
 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.

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