

## (1) PLACE OF BIRTH

County of Darlington

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Township of .....

or  
Inc. Town of .....City of Darlington

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

Registration District No. 15A

File No.—For State Registrar Only

59508

Registered No. ....  
(For use of Local Registrar)(2) Full Name of Child Christine Louise Brown  
If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Girl (4) Twin or Triplet? - (5) Number in order of birth - (6) Are Parents Married? No (7) DATE OF BIRTH April 6, 1906  
(Name of Month) (Day) (Year)FATHER.  
(8) FULL NAME Patrick Brown  
(9) PRESENT POSTOFFICE OF FATHER Darlington S.C.  
(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 20 (Years)  
(12) BIRTHPLACE Darlington Co  
(13) OCCUPATION Barber  
(20) Number of children born to mother, including present birth 1MOTHER.  
(14) NAME BEFORE MARRIAGE Lara Buchanan  
(15) PRESENT POSTOFFICE OF MOTHER Darlington S.C.  
(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 20 (Years)  
(18) BIRTHPLACE Darlington Co  
(19) OCCUPATION Washer  
(21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive on the date above stated.  
(Born alive or stillborn, Hour A. M. or P. M.)(23) (Signature) Anna M. Warren  
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Darlington

Given name added from a supplemental report

(26) Witness L. A. Early  
(Signature of Witness necessary only when question 22 is signed by mark)  
(27) Dated April 14, 1906 (28) L. A. Early  
Local Registrar

\*When there was no attending physician or midwife, then the father, household, 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.

WHITE 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.