

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

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 Reg.

65320

Registration District No. 3207

Registered No.

(For use of Local Registrar)

(2) Full Name of Child *William Triple 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

one

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

June 29, 1916

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Allen Brown

(9) PRESENT POSTOFFICE OF FATHER

Eulonia S.C.

(10) COLOR OR RACE

W

(11) AGE AT LAST BIRTHDAY

35

(Years)

(12) BIRTHPLACE

Monroeville S.C.

(13) OCCUPATION

Farmer

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

1

MOTHER.

(14) NAME BEFORE MARRIAGE

Janie Williams

(15) PRESENT POSTOFFICE OF MOTHER

Eulonia S.C.

(16) COLOR OR RACE

W

(17) AGE AT LAST BIRTHDAY

19

(Years)

(18) BIRTHPLACE

Monroeville S.C.

(19) OCCUPATION

Housewife

(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 *born* at *Monroeville S.C.* (Born alive or stillborn) (Hour A. M. or P. M.)

on the date above stated.

(23) (Signature)

D. O. Brown

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

*Physician**Eulonia S.C.*

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 191

(28)

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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NOT FOR RECORD. MAINTAINED FOR RECORD. 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.

McGraw, of Columbia.