

(1) PLACE OF BIRTH

### CERTIFICATE OF BIRTH

File No.—For State Reg.  
**65320**

County of Marion

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Township of Clinton

or  
Inc. Town of

Registration District No. 3207

Registered No. ....  
(For use of Local Registrar)

or

City of

(No. ....) St.; .... War

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

(2) Full Name of Child Madison Lepta 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  
To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH June 29, 1916  
(Name of Month) (Day) (Year)

#### FATHER.

#### MOTHER.

(8) FULL NAME Allen Brown

(14) NAME BEFORE MARRIAGE Janie Williams

(9) PRESENT POSTOFFICE OF FATHER Fulvous S.C.

(15) PRESENT POSTOFFICE OF MOTHER Fulvous S.C.

(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 35  
(Years)

(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 19  
(Years)

(12) BIRTHPLACE Marion S.C.

(18) BIRTHPLACE Marion S.C.

(13) OCCUPATION Farmer

(19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 1

(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 born at 11 9 A.M.,  
(Born alive or stillborn) (Hour A. M. or P. M.)  
on the date above stated.

(23) (Signature) [Signature]  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician | Fulvous 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) Filled ..... 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 TO BE REPRODUCED FOR PUBLISHING. ALL RIGHTS RESERVED FOR THE BUREAU OF VITAL STATISTICS. THIS IS A PERMANENT RECORD. WRITE PLAINLY, WITH UNFADING INK.—THIS IS A SEPARATE BLANK FOR EACH CHILD, AND MARK THE N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK No. 2, etc., in question 5. FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5. M. C. McCaw, of Columbia.