CERTIFICATE OF BIRTH

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

File No. For State Registrar Only
84601

(1) PLACE OF BIRTH
County of Calhoun
Township of Pine Forest
or
Inc. Town of Lone Star
or
City of Lone Star
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. ..... Registered No. 111
(For use of Local Registrar)

(No. ..... St.; ..... Ward)

(2) Full Name of Child Coty Brown

If child is not yet named, make supplemental report as directed.

(3) BOY OR GIRL?	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH (Name of Month) (Day) (Year)
Girl		4	yes	Nov 18, 1916

FATHER

(8) FULL NAME: James Brown
(9) PRESENT POSTOFFICE OF FATHER: Lone Star
(10) COLOR OR RACE: Colored
(11) AGE AT LAST BIRTHDAY: 32 (Years)
(12) BIRTHPLACE: Lone Star
(13) OCCUPATION: Farming
(20) Number of children born to mother, including present birth: 4

MOTHER

(14) NAME BEFORE MARRIAGE: Mary Brown
(15) PRESENT POSTOFFICE OF MOTHER: Lone Star
(16) COLOR OR RACE: Colored
(17) AGE AT LAST BIRTHDAY: 28 (Years)
(18) BIRTHPLACE: Lone Star
(19) OCCUPATION: Wife
(21) Number of children of this mother now living, including present birth: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born ..... at 6 P. M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Phillie Lee Gabb
(24) State whether Physician or Midwife
(25) Address of Physician or Midwife

Given name added from a supplemental report

..... 19....
Registrar.

(26) Witness N. J. Gabb
(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Nov 24 1916 (28) J. D. Blondenmire
Local Registrar.

When there is no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

MARGIN RESERVED FOR BINDING.

NOTE—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.

WHERE PRINTING WITH ONE RIBBON ONLY IS DESIRED, USE BLACK.