

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No.

File No. For State Registrar Only

71814

Registered No.

(For use of Local Registrar)

(No.

St.

Ward)

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

2) Full Name of Child

Ruth Brown

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

3) BOY OR GIRL?

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

Aug 15 1916
(Name of Month) (Day) (Year)

FATHER.

1) FULL NAME

Aaron Brown

2) PRESENT POSTOFFICE OF FATHER

Johns Island

(8) COLOR OR RACE

negro

(11) AGE AT LAST BIRTHDAY

44

(Years)

2) BIRTHPLACE

Johns Island

3) OCCUPATION

Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE

Susan Brown

(15) PRESENT POSTOFFICE OF MOTHER

Johns Island

(16) COLOR OR RACE

negro

(17) AGE AT LAST BIRTHDAY

42

(Years)

(18) BIRTHPLACE

Johns Island

(19) OCCUPATION

Farm laborer

10) Number of children born to mother, including present birth

(21) Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

22) I hereby certify that I attended the birth of this child, who was born alive ... at 8 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witnesses

(Signatures of witnesses necessary only when question 23 is signed by mark)

(27) Filed Aug 17 1916

(28)

W. C. Hilds

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.