

## (1) PLACE OF BIRTH

County of Edgefield

Township of .....

Inc. Town of Johnston

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

3721

Registration District No. 1814Registered No. 11

(For use of Local Registrar)

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

2) Full Name of Child Earl Marion Brown

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

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

Is to be answered only in case of twins or triplets

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH January 9, 1918

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Lukas Brown

(9) PRESENT POSTOFFICE OF FATHER

Johnston, S. C.

(10) COLOR OR RACE

Black

(11) AGE AT LAST BIRTHDAY

22 (Years)

(12) BIRTHPLACE

Johnston, S. C.

(13) OCCUPATION

Farming

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

Four

(14) NAME BEFORE MARRIAGE

Pearl Watson

(15) PRESENT POSTOFFICE OF MOTHER

Johnston

(16) COLOR OR RACE

Black

(17) AGE AT LAST BIRTHDAY

18 (Years)

(18) BIRTHPLACE

Johnston, S. C.

(19) OCCUPATION

Housekeeper farm.

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

Four

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive at Johnston, S. C. on the date above stated. (four A. M. or P. M.)

(22) (Signature)

Julia McNamee

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife

Given name added from a supplemental report

191.....

Registrar

(25) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(26) Filed

Mar 9, 1918

(27)

S. M. M. M. M.  
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.