

## (1) PLACE OF BIRTH

County of CalhounTownship of Pine GroveInc. Town of Lone StarCity of Lone Star

(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 Registrar Only

84595

Registration District No. 803Registered No. 105

(For use of Local Registrar)

(2) Full Name of Child Sam Brown Jr.

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Nov 12, 1916</u>
				(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Sam Brown(9) PRESENT POSTOFFICE OF FATHER Lone Star(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 37 (Years)

(12) BIRTHPLACE

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

## MOTHER.

(14) NAME BEFORE MARRIAGE Josephine Michel(15) PRESENT POSTOFFICE OF MOTHER Lone Star(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 22 (Years)

(18) BIRTHPLACE

(19) OCCUPATION Wif(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 4 P M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Phyllis Stabb

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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Registrar

(26) Witness W. Stabb (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Nov 18 1916 (28) J. D. Stoddemire 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.

MARGIN RESERVED FOR BINDING.

WRITE 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.

McCaw, of Columbia.