

Form No. 10. MARGIN RESERVED FOR BINDING. WHITE 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.

Caw. of Columbia.

(1) PLACE OF BIRTH
County of Williamsburg
Township of Fort Ray
or
Inc. Town of
or
City of (No. SL; Ward)
(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

11088

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Registration District No. 4311 Registered No.
(For use of Local Registrar)

(2) Full Name of Child Henry Calvin 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 (6) Are Parents Married? yes (7) DATE OF BIRTH Dec 1 1911
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Samuel T. Brown
(9) PRESENT POSTOFFICE OF FATHER Kingslee St.
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 35 (Years)
(12) BIRTHPLACE Williamsburg
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth Four

MOTHER.

(14) NAME BEFORE MARRIAGE Marion C. Tidale
(15) PRESENT POSTOFFICE OF MOTHER Kingslee St.
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 35 (Years)
(18) BIRTHPLACE Williamsburg
(19) OCCUPATION Housewife
(21) Number of children of this mother, now living, including present birth Four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 7 A. M.,
on the date above stated. (Hour A. M. or P. M.)
(23) (Signature) A. L. Hays (24) State whether Physician or Midwife Physician
Address of Physician or Midwife W. E. Tidale

Given name added from a supplemental report

(26) Witness W. E. Tidale (Signature of Witness necessary only when question 23 is signed by mother)

(27) Filed Dec 1 1911 (28) W. E. Tidale Local Registrar

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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