

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.

(1) PLACE OF BIRTH
County of Durham
Township of Manassas
or
Inc. Town of
or
City of
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
Registration District No. 4401 Registered No. 17
(For use of Local Registrar)
(No. St.; Ward)
If child is not yet named, make supplemental report as directed

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

87586

(2) Full Name of Child Thomas Brown

(3) BOY OR GIRL boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Nov 5 1916
(Name of Month) (Day) (Year)

FATHER. MOTHER.
(8) FULL NAME Alip Brown (14) NAME BEFORE MARRIAGE Ever McBride
(9) PRESENT POSTOFFICE OF FATHER Rosewood (15) PRESENT POSTOFFICE OF MOTHER Rosewood
(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 32 (16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 37
(12) BIRTHPLACE Durham Co. SC (18) BIRTHPLACE Durham Co. SC
(13) OCCUPATION Farmer (19) OCCUPATION Housewife
(20) Number of children born to mother, including present birth 7 (21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 5 A.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Elmer Brownson
(24) State, whether Physician or Midwife Midwife (25) Address of Physician or Midwife Rosewood

Given name added from a supplemental report

Reported by Alip Brown
Registrar

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

(27) Filed Nov 11 1916 (28) Jamario Cuth
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.

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