

Form No. 10.
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 6.

1. PLACE OF BIRTH

County of Columbia

Township of Stacyville

Loc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

50131

Registration District No. 3609 Registered No. 489

(For use of Local Registrar)

2. Full Name of Child Robert Brown

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

(1) 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 1 16 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Wm. B. Brown
(9) PRESENT POSTOFFICE OF FATHER Stacyville
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 46 (Years)
(12) BIRTHPLACE Wm. Stacyville
(13) OCCUPATION Farmer
(14) Number of children born to mother, including present birth 1

MOTHER.

(15) NAME BEFORE MARRIAGE Wm. B. Brown
(16) PRESENT POSTOFFICE OF MOTHER Stacyville
(17) COLOR OR RACE White (18) AGE AT LAST BIRTHDAY 30 (Years)
(19) BIRTHPLACE Wm. Stacyville
(20) OCCUPATION Farmer
(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 born at Stacyville on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Wm. B. Brown (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Stacyville

Given name added from a supplemental report
..... 191.....
.....
Registrar

(26) Witness Wm. B. Brown (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed 1 16 1916 (28) Wm. B. Brown 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.

Local Registrar
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