

MARGIN RESERVED FOR BINDING.
WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.
If a 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 1.

(1) PLACE OF BIRTH

County of Wm.burg
Township of Peun.
or
Inc. Town of Bryan
or
City of S.

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

87822

Registration District No. 43.18 Registered No. 115
(For use of Local Registrar)

(No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Louise Brown If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Nov. 29, 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Unknown
(9) PRESENT POSTOFFICE OF FATHER
(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 25 (Years)
(12) BIRTHPLACE
(13) OCCUPATION
(20) Number of children born to mother, including present birth four

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Brown
(15) PRESENT POSTOFFICE OF MOTHER Bryan, S.C.
(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 25 (Years)
(18) BIRTHPLACE Bryan, S.C.
(19) OCCUPATION Servant
(21) Number of children of this mother now living, including present birth three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Pricen Tisdale
(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Bryan, S.C.

Given name added from a supplemental report

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

(27) Filed Dec 1st 1916 (28) Albert R. Moseley
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.