

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.

McCauley of Columbia.

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA.  
 Bureau of Vital Statistics  
 State Board of Health

File No. 45795 For State Registrar Only

(1) PLACE OF BIRTH  
 County of Christy  
 Township of Chesham  
 or  
 Inc. Town of ..... Registration District No. 1201 Registered No. 4  
 or  
 City of ..... (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, John A. 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> <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth <u>26</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan 23 1916</u> <small>(Name of Month) (Day) (Year)</small>
<b>FATHER.</b>		<b>MOTHER.</b>		
(8) FULL NAME <u>John A. Brown</u>		(14) NAME BEFORE MARRIAGE <u>Wm. H. Hall</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Peterson S.C.</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Peterson</u>		
(10) COLOR OR RACE <u>White</u>		(17) AGE AT LAST BIRTHDAY <u>20</u> <small>(Years)</small>		
(12) BIRTHPLACE <u>Turnshaw Co. S.C.</u>		(18) BIRTHPLACE <u>Geo Co S.C.</u>		
(13) OCCUPATION <u>Farmer</u>		(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>1</u>		(21) Number of children of this mother now living, including present birth <u>1</u>		

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was alive at 10 P on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Geo. H. Anderson

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

Given name added from a supplemental report

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

(27) Filled 1916 (28) W. H. Anderson 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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