

Form No. 1

## (1) PLACE OF BIRTH

County of Barnwell STATE OF SOUTH CAROLINA.  
 Bureau of Vital Statistics  
 Township of Bull Pond State Board of Health

Inc. Town of ..... Registration District No. 505 Registered No. 41  
 or ..... (For use of Local Registrar)  
 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 Arthur 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 May 30 1916  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Moses Brown

(9) PRESENT POSTOFFICE OF FATHER Barton St.

(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 70 (Years)

(12) BIRTHPLACE Bull Pond

(13) OCCUPATION Farm Laborer

(14) Number of children born to mother, including present birth { 1 }

## MOTHER.

(14) NAME BEFORE MARRIAGE Lizzie Smith

(15) PRESENT POSTOFFICE OF MOTHER Barton St.

(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 71 (Years)

(18) BIRTHPLACE Bull Pond

(19) OCCUPATION Farm Laborer

(20) 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 alive at 3 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Bella Saxson (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Almond St.

Given name added from a supplemental report

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

(27) Filed May 31 1916. (28) J. A. Rouse 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.

File No. 58721 For State Registrar Only

MADE IN THE UNITED STATES OF AMERICA. THIS IS A PERMANENT RECORD. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND NUMBER THE FIRST-BORN, NO. 1, THE OTHER, NO. 2, ETC., IN QUESTION 8.