

(1) PLACE OF BIRTH

County of **FLORENCE, S. C.**

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. For State Registration

55814

Township of **FLORENCE, S. C.**

or

Inc. Town of

or

City of

Registration District No. **700.5** Registered No. **30**

(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

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

(3) BOY OR GIRL?

girl

(4) Twin or Triplet?

(5) Number in order of birth

To be reported only in case of Twins or Triplets

(6) Are Parents Married?

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

FATHER:

(8) FULL NAME

Sam Brown

(9) PRESENT POSTOFFICE OF FATHER

FLORENCE, S. C.

(10) COLOR OR RACE

Cel

(11) AGE AT LAST BIRTHDAY

(Years)

(12) BIRTHPLACE

Williamburg C

(13) OCCUPATION

MOTHER:

(14) NAME BEFORE MARRIAGE

Jane Brown

(15) PRESENT POSTOFFICE OF MOTHER

FLORENCE, S. C.

(16) COLOR OR RACE

Cel

(17) AGE AT LAST BIRTHDAY

(Years)

(18) BIRTHPLACE

Florence S. C.

(19) OCCUPATION

Cook

(20) Number of children born to mother, including present birth

3

(21) Number of children of this mother now living, including present birth

2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature)

Ron Taylor

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

McBrye

Given name added from a supplemental report

(26) Witness

Jon M. Alford

(Signature of Witness necessary only when question 22 is signed by mark)

191

Registrar

(27) Filed 191

(28) 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.

MARGIN RESERVED FOR BINDING.
WHITES 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.
McCaw, of Columbia