

WRITE MAINLY, 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.

(1) PLACE OF BIRTH

County of Greenville
Township of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

72893

Inc. Town of or Registration District No. 22.4 Registered No. 547
(For use of Local Registrar)
City of Greenville (No. 125 Jones St. St.; 3rd Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

| | | | | |
|------------------------------|---|---------------------------------------|-------------------------------------|---|
| (3) BOY OR GIRL? <u>Girl</u> | (4) Twin or Triplet? <u>To be answered only in event of Twins or Triplets</u> | (5) Number in order of birth <u>6</u> | (6) Are Parents Married? <u>yes</u> | (7) DATE OF BIRTH <u>August 31</u> 191 <u>6</u> (Name of Month) (Day) (Year) |
|------------------------------|---|---------------------------------------|-------------------------------------|---|

FATHER.

(8) FULL NAME Zachariah Joshua Brown

(9) PRESENT POSTOFFICE OF FATHER Greenville - S.C.

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 52 (Years)

(12) BIRTHPLACE Louisiana

(13) OCCUPATION Policeman

(20) Number of children born to mother, including present birth { 6 }

MOTHER.

(14) NAME BEFORE MARRIAGE Maggie Holliday

(15) PRESENT POSTOFFICE OF MOTHER Greenville - S.C.

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 41 (Years)

(18) BIRTHPLACE Greenville - S.C.

(19) OCCUPATION House - wife

(21) Number of children of this mother now living, including present birth { 6 }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) William L. Mauldin

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Phys - Greenville - S.C.

Given name added from a supplemental report

....., 191.....

..... Registrar

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

(27) Filed Sept 11 1916 (28) C. Smith Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before fifth month of pregnancy