

Form No. 1

(1) PLACE OF BIRTH

County of AndersonTownship of Cornesor
Inc. Town ofor
City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

71262

Registration District No. 304 Registered No. 121

(For use of Local Registrar)

(2) Full Name of Child Isabell Brown

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 answered only in event of Twins or Triplets

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

Aug. 30, 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Charlie Brown

(9) PRESENT POSTOFFICE OF FATHER

Barnes S.C.

(10) COLOR OR RACE

white(11) AGE AT LAST BIRTHDAY 42
(Years)

(12) BIRTHPLACE

Anderson County

(13) OCCUPATION

farmer

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

6

MOTHER.

(14) NAME BEFORE MARRIAGE

Long D. Tucker

(15) PRESENT POSTOFFICE OF MOTHER

Barnes

(16) COLOR OR RACE

white(17) AGE AT LAST BIRTHDAY 33
(Years)

(18) BIRTHPLACE

Anderson County

(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 alive, at 4 P.M., on the date above stated.
(Born alive or stillborn) (Hour, A. M. or P. M.)(23) (Signature) J. W. Brown(24) State whether Physician or Midwife (25) Address of Physician or Midwife
MD

Given name added from a supplemental report

(26) Witness

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

(27) Filed Sept 1, 1916

(28)

S. M. McAdams
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.

VITAL RECORDS, WITH UNRECORDED IN—THIS IS A PERMANENT RECORD. 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 8.