

Form No. 1.

(1) PLACE OF BIRTH

County of Greenville

Township of Greenville

or

Inc. Town of

or

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

40885

Registration District No. 2306

Registered No. 18

(For use of Local Registrar)

(2) Full Name of Child

Patricia Ruth 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 case of twins or triplets

(6) Are Parents Married?

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

(8) FULL NAME

James H. Brown

FATHER

(9) PRESENT POSTOFFICE OF FATHER

Greenville

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

32

(Years)

(12) BIRTHPLACE

Astoria, S.C.

(13) OCCUPATION

Mitt operator

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

6

(14) NAME BEFORE MARRIAGE

Patricia C. B.

MOTHER

(15) PRESENT POSTOFFICE OF MOTHER

Greenville, S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

30

(Years)

(18) BIRTHPLACE

Astoria, S.C.

(19) OCCUPATION

Domestic

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

5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive on the date above stated.

(23) (Signature)

Dr. J. B. Brown

(24) State whether Physician or Midwife

Physician

Given name added from a supplemental report

121

(25) Witness

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

(27) Filed Mar. 10, 1916

(28) J. B. Brown 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 PERMANENT RECORD.  
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
M. M.—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