

Form No 1.

(1) PLACE OF BIRTH

County of Darlington

Township of Palmetto

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

46011

Registration District No. 10-28 Registered No.

(For use of Local Registrar)

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

(2) Full Name of Child David Brown

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

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 7 1916
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Laddie Brown
(9) PRESENT POSTOFFICE OF FATHER Darlington
(10) COLOR OF RACE Negro (11) AGE AT LAST BIRTHDAY 30 (Years)
(12) BIRTHPLACE T. Lawrence, Co
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth { 5

MOTHER.
(14) NAME BEFORE MARRIAGE Lillie Brown
(15) PRESENT POSTOFFICE OF MOTHER Darlington S.C
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 24 (Years)
(18) BIRTHPLACE Darlington Co
(19) OCCUPATION Farmer work
(21) Number of children of this mother now living, including present birth { 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 3:30 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) T. Lawrence (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report
..... 191....
..... Registrar

(26) Witness E. A. Early (Signature of Witness necessary only when question 25 is signed by mark)

(27) Filed Jan 2 1916 (28) E. A. Early 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. WRITE 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