

Form No. 1

(1) PLACE OF BIRTH

County of Albion

Township of Laurensville

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

50890

Registration District No. 108 Registered No. 24

(For use of Local Registrar)

(2) Full Name of Child Corra J. Brown

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

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet?	(5) Number in order of birth <small>To be answered only in event of twins or triplets</small>	(6) Are Parents Married? <u>no</u>	(7) DATE OF BIRTH <u>Mar 27</u> <u>1916</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(8) FULL NAME Dave Hall

(9) PRESENT POSTOFFICE OF FATHER Laurensville S.C.

(10) COLOR OR RACE Black

(11) AGE AT LAST BIRTHDAY 25 (Years)

(12) BIRTHPLACE Albion Co., S.C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Martha Brown

(15) PRESENT POSTOFFICE OF MOTHER Laurensville S.C.

(16) COLOR OR RACE Black

(17) AGE AT LAST BIRTHDAY 19 (Years)

(18) BIRTHPLACE Laurensville S.C.

(19) OCCUPATION Farmhand

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) D. S. Lawrence M.D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

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

(26) Witness J. M. Buckner  
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed April 3 1916 (28) J. M. Buckner 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.

City of Columbia, South Carolina, No. 1. THE OTHER, No. 2, etc., in question 5.