

Form No. 10.

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
Cau. of Columbi.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Cherokee STATE OF SOUTH CAROLINA.
Township of Lowdsville Bureau of Vital Statistics
or
Inc. Town of State Board of Health
or
City of (No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

File No.—For State Registrar Only

71907

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Aug. 6</u> 191 <u>6</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Charles Brown</u>			(14) NAME BEFORE MARRIAGE <u>Bell Boyle</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Wilkinsville</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Wilkinsville</u>	
(10) COLOR OR RACE <u>white</u>		(11) AGE AT LAST BIRTHDAY <u>35</u> (Years)	(16) COLOR OR RACE <u>white</u> (17) AGE AT LAST BIRTHDAY <u>18</u> (Years)	
(12) BIRTHPLACE <u>Green 80 Tenn</u>			(18) BIRTHPLACE <u>Cherokee Co</u>	
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>House Keeper</u>	
(20) Number of children born to mother, including present birth <u>Two</u>			(21) Number of children of this mother now living, including present birth <u>Two</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at Lowdsville (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) Frankie Boyle
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Wilkinsville

Given name added from a supplemental report

Dan J. Shain 1916
Registrar

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

(27) Filed Aug 18 1916 (28) Dan J. Shain 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.

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