

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.

(1) PLACE OF BIRTH

County of Monrochester
Township of LivelandInc. 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

72490

Registration District No. 1704 Registered No. 22
(For use of Local Registrar)(2) Full Name of Child Hollie Brown { If child is not yet named, make supplemental report as directed(3) ~~BOY OR~~
GIRL? girl(4) Twin
or Triplet?

To be answered only in case of Twins or Triplets

(5) Number in
order of birth 1(6) Are
Parents
Married? yes(7) DATE OF
BIRTH Aug 11 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAME Alan Brown(9) PRESENT
POSTOFFICE
OF FATHER Harleyville Sc(10) COLOR
OR
RACE Black(11) AGE AT LAST
BIRTHDAY 25
(Years)

(12) BIRTHPLACE

John and Kate Sc

(13) OCCUPATION

farmer(20) Number of children born to
mother, including present birth { 2 }

MOTHER.

(14) NAME BEFORE
MARRIAGE Maggie Boyd(15) PRESENT
POSTOFFICE
OF MOTHER Harleyville Sc(16) COLOR
OR
RACE Black(17) AGE AT LAST
BIRTHDAY 25
(Years)

(18) BIRTHPLACE

Alor Co

(19) OCCUPATION

field work(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 at M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

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

mid wife Suet Sims
Harleyville ScGiven name added from a supplement-
tal report(26) Witness
(Signature of Witness necessary only
when question 23 is signed by mark)(27) Filed Aug 11 1916 (28) L. H. McKinnis
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.