

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 Anderson  
Township of Sixteen  
Inc. Town of .....  
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)  
City of ..... (No. .... St.; .... Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(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? ..... (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Aug 11 1916  
To be answered only in event of Twins or Triplets (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 Tom 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 Sweet Sims  
Harleyville Sc

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

(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.