

FORM NO. 1.

(1) PLACE OF BIRTH

County of Greenville
Township of P.A.R.I.S. Dist.
or
Inc. Town of
or
City of

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
43091

Registration District No. 22.14 Registered No. 56

(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 Beatrice 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 (6) Are Parents Married? yes (7) DATE OF BIRTH Dec. 15, 1916
Is the second only in case of twins or triplets. (Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Walter Brown
(9) PRESENT POSTOFFICE OF FATHER Travelers Rest S.C.
(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 25 (Years)
(12) BIRTHPLACE Greenville Co. S.C.
(13) OCCUPATION Farming
(20) Number of children born to mother, including present birth 2

MOTHER.
(14) NAME BEFORE MARRIAGE Mary Reese
(15) PRESENT POSTOFFICE OF MOTHER Travelers Rest
(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 22 (Years)
(18) BIRTHPLACE Greenville Co. S.C.
(19) OCCUPATION Housewife
(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 alive at 5 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Delia S. Glenn
(24) State whether Physician or Midwife Midwife Address of Physician or Midwife Travelers Rest 3704

Given name added from a supplemental report
191
Registrar

(26) Witness John B. Hester
(Signature of Witness necessary only when question 23 is signed by mark)

(27) FILED Jan 4 1917 (28) John B. Hester
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.

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