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## Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics  
State Board of HealthRegistration District No. 305 Registered No. \_\_\_\_\_  
(For use of Local Registrar)

FILE No.—For State Registrar Only

0104

1. PLACE OF BIRTH  
County of Anderson  
Township of Jacks  
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) (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

2. FULL NAME OF CHILD Bob Fair Brown { If child is not yet named, make supplemental report as directed.3. Boy or Girl Boy If Plural births \_\_\_\_\_ 4. Twins, triplets or other \_\_\_\_\_ 5. Number, in order of birth 1 6. Premature \_\_\_\_\_ Full term no 7. Are Parents Married yes 8. Date of birth Sept 2, 1940  
(Month, day, year)9. Full name FATHER  
John Brown10. Residence (mailing address)  
(If non-resident, give place and State) Jamville SC11. Color or race Col 12. Age at child's birth 47 (years)13. Birthplace (city or place)  
(State or country) Oconee Co. SCOCCUPATION  
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer  
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. \_\_\_\_\_  
16. Date (month and year last) engaged in this work \_\_\_\_\_ 17. Total time (years) spent in this work \_\_\_\_\_18. Name before marriage MOTHER  
Essie Edwards19. Residence (mailing address)  
(If non-resident, give place and State) Jamville SC20. Color or race Col 21. Age at child's birth 45 (years)22. Birthplace (city or place)  
(State or country) Anderson Co. SCOCCUPATION  
23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. House wife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. \_\_\_\_\_

25. Date (month and year) last engaged in this work \_\_\_\_\_ 26. Total time (years) spent in this work \_\_\_\_\_

27. Number of children of this mother  
(At time of birth and including this child) (a) Born alive and now living 9 (b) Born alive but now dead 2 (c) Stillborn \_\_\_\_\_28. If stillborn, period of gestation \_\_\_\_\_ months \_\_\_\_\_ weeks 29. Cause of stillbirth \_\_\_\_\_  
(Before labor \_\_\_\_\_ During labor \_\_\_\_\_)

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was alive at 4:10 p.m. on the date above stated.  
(Born alive or stillborn)

(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)

(Signed) Dr. Johnson was Dr. Parent  
now dead.or \_\_\_\_\_, Guardian  
Address Essie BrownGiven name added from \_\_\_\_\_  
a supplementary report \_\_\_\_\_  
(Date of) \_\_\_\_\_Filed July 28, 1940 Clara Whitworth  
Registrar.

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate)