

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)

1. PLACE OF BIRTH County of <u>Anderson</u> Township of <u>Jacks</u> 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)		<h2 style="text-align: center;">Standard Certificate of Birth</h2> <p style="text-align: center;">STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health Registration District No. <u>305</u></p>		<p>FILE No.—For State Registrar Only <b>0104</b></p>	
2. FULL NAME OF CHILD <u>Bob Fair Brown</u>		Registered No. _____ (For use of Local Registrar)		Ward _____	
3. Boy or Girl <u>Boy</u>	If Plural births _____	4. Twins, triplets or other _____	5. Number, in order of birth <u>1</u>	6. Premature _____ Full term <u>yes</u>	7. Are Parents Married <u>yes</u>
8. Date of birth <u>Sept 2</u> , 19 <u>14</u> (Month, day, year)	9. Full name <u>FATHER</u> <u>John Brown</u>		18. Name before marriage <u>MOTHER</u> <u>Essie Edwards</u>		
10. Residence (mailing address) (If non-resident, give place and State) <u>Jimmieville SC</u>		11. Color or race <u>Col</u>		12. Age at child's birth <u>47</u> (years)	
13. Birthplace (city or place) (State or country) <u>Oconee Co. SC</u>		14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>farmer</u>		15. Industry or business in which work done, as silk mill, sawmill, bank, etc. _____	
16. Date (month and year last engaged in this work) _____, 19____		17. Total time (years) spent in this work _____		18. Name before marriage _____	
19. Residence (mailing address) (If non-resident, give place and State) <u>Jimmieville SC</u>		20. Color or race <u>Col</u>		21. Age at child's birth <u>45</u> (years)	
22. Birthplace (city or place) (State or country) <u>Anderson Co. SC</u>		23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. <u>House wife</u>		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) _____, 19____		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 <u>9</u> (b) Born alive but now dead <u>2</u> (c) Stillborn _____	
28. If stillborn, period of gestation _____ months _____ weeks		29. Cause of stillbirth _____		Before labor _____ During labor _____	
<h3>CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE</h3>					
I hereby certify to the birth of this child, who was <u>Aline</u> at <u>4:10</u> 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.)					
Given name added from a supplementary report _____ (Date of) _____					
(Signed) <u>Dr. Johnson was Dr. Parent</u> or <u>now dead</u> _____, Guardian _____					
Address <u>Essie Brown Jimmieville</u>					
Filed <u>May 28</u> , 19 <u>40</u> <u>Clara Whitworth</u> Registrar					