

(1) PLACE OF BIRTH

County of Laurens
Township of Waterloo
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
90667

Registration District No. 2907 Registered No. 1021
(For use of Local Registrar)

(2) Full Name of Child Margaret Ann Brown } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl (4) Twin or Triplet? no (5) Number in order of birth 2 (6) Are Parents Married? yes (7) DATE OF BIRTH Dec 2, 1916
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME John Raley Brown
(9) PRESENT POSTOFFICE OF FATHER Waver Shoals - Route 1
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 28 (Years)
(12) BIRTHPLACE S. C.
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 2

MOTHER.
(14) NAME BEFORE MARRIAGE Sylvia Davenport
(15) PRESENT POSTOFFICE OF MOTHER Waver Shoals - Route 1
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 23 (Years)
(18) BIRTHPLACE S. C.
(19) OCCUPATION Housekeeper
(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at Waver Shoals at 9:30 P.M. (Hour A. M. or P. M.)
on the date above stated. (Born alive or stillborn)
(23) (Signature) [Signature]
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Waver Shoals

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

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) [Signature] 1917 (28) [Signature] Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy. [Signature] 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.



McCraw of Columbia, S.C. No. 1. This certificate is to be filed in the office of the State Registrar of Births, Deaths and Marriages, Columbia, S.C. No. 2. etc. in the office of the Registrar of Births, Deaths and Marriages, Columbia, S.C. No. 3. etc. in the office of the Registrar of Births, Deaths and Marriages, Columbia, S.C. No. 4. etc. in the office of the Registrar of Births, Deaths and Marriages, Columbia, S.C. No. 5. etc. in the office of the Registrar of Births, Deaths and Marriages, Columbia, S.C. No. 6. etc. in the office of the Registrar of Births, Deaths and Marriages, Columbia, S.C. No. 7. etc. in the office of the Registrar of Births, Deaths and Marriages, Columbia, S.C. No. 8. etc. in the office of the Registrar of Births, Deaths and Marriages, Columbia, S.C. No. 9. etc. in the office of the Registrar of Births, Deaths and Marriages, Columbia, S.C. No. 10. etc. in the office of the Registrar of Births, Deaths and Marriages, Columbia, S.C. 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