

## (1) PLACE OF BIRTH

County of BerkleyTownship of 2nd St. Johns

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

63254

Registration District No. 703 Registered No. 613

(For use of Local Registrar)

(2) Full Name of Child Mary Brown

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin <u>Yes</u> <small>or triplet?</small> <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>June 26, 1916</u> <small>(Name of Month) (Day) (Year)</small>
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## FATHER.

(3) FULL NAME Isaac Brown(5) PRESENT POSTOFFICE OF FATHER Cakley Depot St(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 31 (Years)(12) BIRTHPLACE Berkley Co(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 3

## MOTHER.

(14) NAME BEFORE MARRIAGE Catherine Johnson(15) PRESENT POSTOFFICE OF MOTHER Cakley Depot St(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 30 (Years)(18) BIRTHPLACE Berkley Co(19) OCCUPATION Farming(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 9 P.M., on the date above stated. (born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Nellie F. Nelson(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Cakley Depot St

Given name added from a supplemental report

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Registrar

(26) Witness Larina McMillan (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed June 28, 1916 (28) H. C. Cain 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.

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