

(1) PLACE OF BIRTH **Spartanburg** **CERTIFICATE OF BIRTH**

County of **Spartanburg** STATE OF SOUTH CAROLINA.

Township of **Victorville** Bureau of Vital Statistics
or State Board of Health

Inc. Town of **Victorville** Registration District No. **4000 1**

City of **Victorville** (No. **86**) Registered No. **86**
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child **P. D. Jr.** If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL **Boy** (4) Twin or Triplet? **No** (5) Number in order of birth **1st** (6) Are Parents Married **Yes** (7) DATE OF BIRTH **June 14 1916**
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME **Thomas D. Brown**
(9) PRESENT POSTOFFICE OF FATHER **Victorville S.C.**
(10) COLOR OR RACE **White** (11) AGE AT LAST BIRTHDAY **30** (Years)
(12) BIRTHPLACE **Greenwood S.C.**
(13) OCCUPATION **Mill Worker**
(14) Number of children born to mother, including present birth **nine**

MOTHER.
(14) NAME BEFORE MARRIAGE **Thomas D. Brown**
(15) PRESENT POSTOFFICE OF MOTHER **Victorville S.C.**
(16) COLOR OR RACE **White** (17) AGE AT LAST BIRTHDAY **30** (Years)
(18) BIRTHPLACE **Greenwood S.C.**
(19) OCCUPATION **Domestic**
(21) Number of children of this mother now living, including present birth **Seven**

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was **born** **June 14 1916** at **Victorville S.C.** on the date above stated. (Hour A.M. or P.M.)

(23) (Signature) **V. T. Brockman**
(24) State whether Physician or Midwife **Physician** (25) Address of Physician or Midwife

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

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed **7/17 1916** (28) **S. J. Moore** 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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FIRST-BORN. No. 1. THE OTHER. No. 2, etc., in question 5.

THIS CARD IS TO BE FILED IN THE BUREAU OF VITAL STATISTICS, STATE OF SOUTH CAROLINA.