

(1) PLACE OF BIRTH **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 A*

City of _____ Registered No. *86*
(For use of Local Registrar)
St.; _____ Ward
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

File No.—For State Registrar Only
66195

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

(3) BOY OR GIRL (4) Twin or Triplet? (5) Number in order of birth *1st* (6) Are Parents Married? (7) DATE OF BIRTH *June 24 1916*
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME *William D. Brown*
(9) PRESENT POSTOFFICE OF FATHER *Green Hill*
(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *30* (Years)
(12) BIRTHPLACE *Green Hill*
(13) OCCUPATION *Mill Work*
(20) Number of children born to mother, including present birth *nine*

MOTHER.
(14) NAME BEFORE MARRIAGE *Francis Mullenger*
(15) PRESENT POSTOFFICE OF MOTHER *Green Hill*
(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *30* (Years)
(18) BIRTHPLACE *Green Hill*
(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* on the date above stated. (Hour *1:10* A.M. or P.M.)

(23) (Signature) *V. T. Tomchuk*
(24) State whether Physician or Midwife (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

FIRST-BORN. No. 1. THE OTHER. No. 2, etc., in question 8.

*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.

MC