

(1) PLACE OF BIRTH

County of Richmond
 Township of Bunsey Creek

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.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No. For State Registrar Only
 58479

Registration District No. 302

Registered No. 44

(For use of Local Registrar)

(2) Full Name of Child. L. I. Brown, 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 3 (6) Are Parents Married yes (7) DATE OF BIRTH Apr 8 1916
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Josh A Brown

(9) PRESENT HOME OFFICE OF FATHER Piedmont DC

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 31 (Years)

(12) BIRTHPLACE DC

(13) OCCUPATION Farmer

(14) Number of children born to mother, including present birth 3

MOTHER.
 (14) NAME BEFORE MARRIAGE Bartha Hall

(15) PRESENT POSTOFFICE OF MOTHER Piedmont DC

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 25 (Years)

(18) BIRTHPLACE DC

(19) OCCUPATION Domestic

(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 alive at 7:50 A.M. on the date above stated.

(23) (Signature) Physician (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Piedmont DC

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 5-1-1916 (28) H. J. Bailey 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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