Form No. 10. MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

McCaw, Mfg. of Columbia

(1) PLACE OF BIRTH

County of Abbeville

Township of .....

or

Inc. Town of ..... Registration District No. 1-a Registered No. 117 (For use of Local Reistrar)

or

City of Abbeville (No. Mill Hill St.; 3rd Ward)

(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
37944

(2) Full Name of Child La Fayette Gambrell Brown If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy	(4) Twin or Triplet? X	(5) Number in order of birth X	(6) Are Parents Married? Yes	(7) DATE OF BIRTH Nov. (Name of Month) 14 (Day) 1915 (Year)
	To be answered only in event of Twins or Triplets			

FATHER.	MOTHER.
(8) FULL NAME Rosa La Fayette Brown	(14) NAME BEFORE MARRIAGE Rosa Lee McKinney
(9) PRESENT POSTOFFICE OF FATHER Abbeville, S.C.	(15) PRESENT POSTOFFICE OF MOTHER Abbeville, S.C.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 23 (Years)	(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 29 (Years)
(12) BIRTHPLACE Georgia	(18) BIRTHPLACE Edgefield, Co. S.C.
(13) OCCUPATION Mill work	(19) OCCUPATION Housewife
(20) Number of children born to mother, including present birth 6	(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Conyalin at 1 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [signature] M.D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Abbeville S.C.

Given name added from a supplemental report

....., 191....

..... Registrar

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

(27) Filed Nov. 15 1915. (28) T. G. Perrin 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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