Form No. 1.

(1) PLACE OF BIRTH

County of Abbeville

Township of Bordeaux

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
17862

Registration District No. 101 Registered No. 29
(For use of Local Registrar)

(No. ..... St.; ..... Ward)

(2) Full Name of Child. John Raymond Brown

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 3

To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH June 16, 1915
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Jno W. Brown

(9) PRESENT POSTOFFICE OF FATHER McCormick

(10) COLOR OR RACE white

(11) AGE AT LAST BIRTHDAY 45 (Years)

(12) BIRTHPLACE McCormick S.C.

(13) OCCUPATION Farmer

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

MOTHER.

(14) NAME BEFORE MARRIAGE Ella Carol

(15) PRESENT POSTOFFICE OF MOTHER McCormick

(16) COLOR OR RACE white

(17) AGE AT LAST BIRTHDAY 30 (Years)

(18) BIRTHPLACE McCormick S.C.

(19) OCCUPATION House Keeper

(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~) at 6 (Hour A. M. or P. M.) M., on the date above stated.

(23) (Signature) B. A. Mattison M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife McCormick S.C.

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 July 9 1915 (28) J. B. Lawson 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.

MARGIN RESERVED FOR BINDING.

WHITE PLAINS, WHEN 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 OTHERS, No. 2, etc., in question 5.

McCaw, of Columbia.