

Form No 1.

(1) PLACE OF BIRTH

County of Fairfield

Township of 15

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—for State Register

42767

Registration District No. 1914

Registered No. 65

(For use of Local Registrar)

City of

(2) Full Name of Child John B. Brandon

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 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 19 1914

FATHER

(8) FULL NAME John Brandon

(9) PRESENT POSTOFFICE OF FATHER Justinville Sc

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

(12) BIRTHPLACE Fairfield Co

(13) OCCUPATION Iron laborer

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

MOTHER

(15) NAME BEFORE MARRIAGE Emmeline Martin

(16) PRESENT POSTOFFICE OF MOTHER Justinville Sc

(17) COLOR OR RACE Negro (18) AGE AT LAST BIRTHDAY 19 (Years)

(19) BIRTHPLACE Fairfield Co Sc

(20) OCCUPATION Iron laborer

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born (Born alive or stillborn) (How A, B, or C, D, E, F, G, H, I, J, K, L, M, N, O, P, Q, R, S, T, U, V, W, X, Y, Z)

(23) (Signature) A. H. H. Lyle

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Darlington Sc

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Dec 19 1914 (28) J. A. Scott 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.

MAKING RECORDS OF THE BIRTHS. WITH PLAINLY, WITH UNPAIDING IN—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.