

## (1) PLACE OF BIRTH

County of ChestnutTownship of Alleghenyor  
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

51688

Registration District No. 1502 Registered No. 7

(For use of Local Registrar)

2) Full Name of Child Nelsna Brewer { If child is not yet named, make supplemental report as directed

(1) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>Mar 17</u> <u>1916</u>
Is to be answered only in event of twins or triplets				(Name of Month) (Day) (Year)

FATHER.

(3) FULL NAME Sidney Brewer(9) PRESENT POSTOFFICE OF FATHER McRae(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 33 (Years)(12) BIRTHPLACE SC.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth { 6 }

MOTHER.

(14) NAME BEFORE MARRIAGE Annie Gibbs(15) PRESENT POSTOFFICE OF MOTHER McRae(16) COLOR OR RACE B (17) AGE AT LAST BIRTHDAY 32 (Years)(18) BIRTHPLACE SC.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth { 6 }

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 10:30 a.m. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) B. H. Woodward(24) State whether Physician or Midwife (25) Address of Physician or Midwife McRae SC

Given name added from a supplemental report

Beat W. 1916C. P. Miller

Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed) W. H. Smith(27) Filed 1916 (28) W. H. Smith 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.