

(1) PLACE OF BIRTH

County of KershawTownship of Flat Rock

or

Inc. Town of

or

City of Canty

(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

77720

Registration District No. 2702 Registered No. 88

(For use of Local Registrar)

(2) Full Name of Child George Briggs { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

To be answered only in case of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

Yes(7) DATE OF BIRTH August 29, 1916

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

John Briggs

(9) PRESENT POSTOFFICE OF FATHER

Canty

(10) COLOR OR RACE

Colored(11) AGE AT LAST BIRTHDAY 30 (Years)

(12) BIRTHPLACE

Canty

(13) OCCUPATION

Farmer

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

5

MOTHER.

(14) NAME BEFORE MARRIAGE

Kallie Salmond

(15) PRESENT POSTOFFICE OF MOTHER

Canty S.C.

(16) COLOR OR RACE

Colored(17) AGE AT LAST BIRTHDAY 26 (Years)

(18) BIRTHPLACE

Canty

(19) OCCUPATION

Housekeeper + Laborer

(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 Alive at 11 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) A. Peter McKain

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

MidwifeCanty S.C.

Given name added from a supplemental report

(26) Witness R. C. Reed (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed 10/9 1916. (28) J. H. Barfield 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. WHEN PRINTING WITH UNFADING INK—THIS IS A PERMANENT RECORD.

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

McCaw, of Columbia.