

## (1) PLACE OF BIRTH

County of BerkleyTownship of 2nd St. StephensInc. 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

63265

Registration District No. 206 Registered No. 1

(For use of Local Registrar)

(2) Full Name of Child Victoria Brennan If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>No</u> <small>Take answered only in case of Twins or Triplets</small>	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 14</u> , 191 <u>4</u> <small>(Name) (Month) (Day) (Year)</small>
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## FATHER.

(8) FULL NAME Holoway Brennan(9) PRESENT POSTOFFICE OF FATHER Bonne Aus Sl(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 36 (Years)(12) BIRTHPLACE Virginia(13) OCCUPATION Public works(20) Number of children born to mother, including present birth one

## MOTHER.

(14) NAME BEFORE MARRIAGE George Vance(15) PRESENT POSTOFFICE OF MOTHER Bonne Aus Sl(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 26 (Years)(18) BIRTHPLACE Berkley Co(19) OCCUPATION Working & farm hand(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 Alive at 8 30 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Chris. W. Lutz

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

Midwife Bonne Aus Sl

Given name added from a supplemental report

(26) Witness Holurion Dawson

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed June 14, 1914 (28) 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 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.

McGaw, of Columbia