

Form No. 1

(1) PLACE OF BIRTH

County of PickensTownship of Pickens

Inc. Town of

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

47185

Registration District No. 3706 Registered No. 14

(For use of Local Registrar)

(2) Full Name of Child Martin Brew

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes(7) DATE OF BIRTH Jan 24

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Alonso Brew

(9) PRESENT POSTOFFICE OF FATHER

Pickens S.C.

(10) COLOR OF RACE

Black(11) AGE AT LAST BIRTHDAY 34

(Years)

(12) BIRTHPLACE

Anderson S.C.

(13) OCCUPATION

Farmer

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

7

MOTHER.

(14) NAME BEFORE MARRIAGE

Ardie Arthur

(15) PRESENT POSTOFFICE OF MOTHER

Pickens S.C.

(16) COLOR OF RACE

Black(17) AGE AT LAST BIRTHDAY 34

(Years)

(18) BIRTHPLACE

Pickens S.C.

(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 1 15 a.m., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Alonso Brew

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Pickens S.C.

Given name added from a supplemental report

Registrar

(26) Witness

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

(27) Filed Feb 5 1916(28) W. S. Johnson

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.

WRITE 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.

Caw. of Columbia

MARGIN RESERVED FOR BINDING.