

U. S. Dept. of Commerce
Bureau of the Census

16 093628

1. PLACE OF BIRTH

Standard Certificate of Birth

FILE No.—For State Registrar Only

00304

County of Greenville

STATE OF SOUTH CAROLINA

Township of H. H.

Bureau of Vital Statistics

State Board of Health

Inc. Town of

Registration District No. 2103 Registered No. 2
(For use of Local Registrar)

City of Andrews

(No. _____ St.; _____ Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number)

2. FULL NAME OF CHILD Louisa Franklin Brawley

3. Boy or Girl Boy If Plural Births _____ 4. Twin, triplet or other _____ 6. Premature _____ 7. Are Parents _____ 8. Date of Birth Oct 20 1916
(Month, day, year)

5. Number, in order of birth _____ Full term _____ Married? yes

9. Full name Charles Brawley FATHER 18. Name before marriage Marion Piffin MOTHER

10. Residence (mailing address) Andrews 19. Residence (mailing address) Andrews
(If non-resident, give place and State)

11. Color or race W 12. Age at last birthday 32 (years) 20. Color or race W 21. Age at last birthday 25 (years)

13. Birthplace (city or place) Williamsburg Co 22. Birthplace (city or place) Williamsburg Co
(State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. Domestic

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Lumber 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

16. Date (month and year) last engaged in this work _____ 25. Date (month and year) last engaged in this work _____

17. Total time (years) _____ 26. Total time (years) _____
19 _____ spent in this work _____

27. Number of children of this mother (At time of birth and including this child) 2 (a) Born alive and now living 2 (b) Born alive but now dead _____ (c) Stillborn 0

28. If stillborn, period of gestation _____ months _____ weeks 29. Cause of stillbirth _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born at 2 a m. on the date above stated.
(Born alive or stillborn)

I certify that I instilled or had instilled in the eyes of this child at _____ M. on above date. _____
(Name of Prophylactic)

Cleft Palate no Hare Lip no Other Deformities _____
(Specify)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) D. S. Foster, M. D.

Given name added from _____
a supplementary report _____
(Date of) _____

or _____ Midwife

Address Andrews S. C.

Filed Jan 15 19 16 Jan 15 Local Registrar

State Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate.)

not any 5-4-16