

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.)

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

1. PLACE OF BIRTH

County of Lexington
Township of H. H.
or
Inc. Town of Andrews
or
City of Andrews

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics
State Board of Health

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

16 093628

FILE No.—For State Registrar Only
00304

2. FULL NAME OF CHILD

Boy or Girl Boy If Plural Births 1 4. Twin, triplet or other 1 6. Premature Full term 7. Are Parents Married? 8. Date of Birth Oct 20 1916
(If birth occurs in a hospital or other institution, give name of same instead of street and number)

9. Full name Charles Brookington FATHER 18. Name before marriage Marion Pickin 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 22 (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. Farmer 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Domestic

16. Date (month and year) last engaged in this work 19 17. Total time (years) 19 spent in this work 19 25. Date (month and year) last engaged in this work 19 26. Total time (years) 19 spent in this work 19

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 0 (c) Stillborn 0

28. If stillborn, period of gestation months 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 0 Hare Lip 0 Other Deformities 0 (Specify)

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

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

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

or Andrews Midwife

Address 42 Main St. Bailey

Filed Jan 15 1917 Local Registrar

State Registrar