

## (1) PLACE OF BIRTH

County of Wayneboro  
 Township of Bennettsville  
 or  
 Inc. Town of .....  
 or  
 City of Bennettsville

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only

31259

Registration District No. 33 A Registered No. 77  
 (For use of Local Registrar)

(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 John Cassius Brasington  
 If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 9, 22  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Charles W. Brasington

(9) PRESENT POSTOFFICE OF FATHER Bennettsville S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 30  
 (Years)

(12) BIRTHPLACE Georgia

(13) OCCUPATION Book-keeper

(20) Number of children born to mother, including present birth 2

## MOTHER.

(14) NAME BEFORE MARRIAGE Gladys Carlisle

(15) PRESENT POSTOFFICE OF MOTHER Bennettsville S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 28  
 (Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION None

(21) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born alive at 11:45 P.M.,  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) L. R. Kirkpatrick

(24) State whether Physician or Midwife (25) Address of Physician or Midwife  
Physician Bennettsville S.C.

Given name added from a supplemental report

(26) Witness .....

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

(27) Filed Oct 10, 22 (28) Mrs. J. J. Pate  
 Registrar 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.

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RECEIVED BY CLERK OF COLUMBIA, COLUMBIA, S. C.  
 FIRST-BORN, No. 1. FOR OTHER, No. 2, etc., in question 8