

1/30/23 051-W # 5133

NAME OF BIRTH

of *William W. Brier Jr.*  
No. *#31*

**CERTIFICATE OF BIRTH**  
STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

No. for State Registrar Only  
**15225**

Registration District No. *3409* Registered No. *131*  
(For use of Local Registrar)  
(No. of St.; ..... Ward)  
*3409* St.; ..... Ward

If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
Full Name of Child *David M. Brier* (If child is not yet named, make supplemental report as directed)

Sex *Boy* (1)  Male or (2)  Female  
(3)  Single or (4)  Married  
(5)  Yes or (6)  No  
DATE OF BIRTH *Jan 30 1923*  
(Month of Birth) (Day) (Year)

**FATHER.**

(7) NAME BEFORE MARRIAGE *William W. Brier Jr.*  
(8) PRESENT POST OFFICE OF FATHER *Kinards S.C.*  
(9) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *30* (Year)  
(10) BIRTHPLACE *Newberry Co.*  
(12) OCCUPATION *Farmer*  
(13) Number of children born to father, including present birth *3*

**MOTHER.**

(14) NAME BEFORE MARRIAGE *Ola Kinsley*  
(15) PRESENT POST OFFICE OF MOTHER *Kinards S.C.*  
(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *22* (Year)  
(18) BIRTHPLACE *Newberry Co.*  
(19) OCCUPATION *House wife*  
(21) Number of children of this mother now living, including present birth *3*

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.**

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

(23) (Signature) *Thomas H. Pope* (24) Address of Physician or Midwife *Kinards S.C.*  
(24) State whether Physician or Midwife

Give name added from a supplemental report  
*Wm. Lee Jr.*  
19 .....  
Registrar

(25) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark)  
(26) Filed *Jan 30 1923* (27) *O. L. Campbell* 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.