

MARGIN RESERVED FOR BINDING.

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.

McGraw-Hill, Columbia, S. C.

(1) PLACE OF BIRTH
County of *Marberry*
Township of *Smithville*
OR
Inc. Town of
OR
City of (No. St.; Ward)
(If birth occurs in a hospital, 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
73966

Registration District No. *3306* Registered No. *90*
(For use of Local Registrar)

(2) Full Name of Child *Richard Brignon* (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? <i>Boy</i>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <i>yes</i>	(7) DATE OF BIRTH <i>Aug 13, 1916</i> (Name of Month) (Day) (Year)
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FATHER.		MOTHER.	
(8) FULL NAME <i>Richard Brignon</i>	(14) NAME BEFORE MARRIAGE <i>Hannie Chadis</i>	(9) PRESENT POSTOFFICE OF FATHER <i>Bennettsville S.C.</i>	(15) PRESENT POSTOFFICE OF MOTHER <i>Bennettsville S.C.</i>
(10) COLOR OR RACE <i>White</i>	(11) AGE AT LAST BIRTHDAY <i>27</i> (Years)	(16) COLOR OR RACE <i>White</i>	(17) AGE AT LAST BIRTHDAY <i>22</i> (Years)
(12) BIRTHPLACE <i>Bennettsville S.C.</i>	(18) BIRTHPLACE <i>Bennettsville S.C.</i>	(13) OCCUPATION <i>Farm</i>	(19) OCCUPATION <i>Home work</i>
(20) Number of children born to mother, including present birth <i>9</i>	(21) Number of children of this mother now living, including present birth <i>3</i>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *at home* at *8 P. M.*, on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *Tyra Ellsone*

(24) State whether Physician or Midwife *Midwife*

(25) Address of Physician or Midwife *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 <i>Aug 29, 1916</i> (28) <i>W. N. Priest</i> 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.