

(1) PLACE OF BIRTH

County of Marlboro

Township of Brightsville

or Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

82724

Registration District No. 3302 Registered No. 29

(For use of Local Registrar)

(No. SL; Ward)

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

(2) Full Name of Child Lence Burr Bright 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 BIRTH Aug. 20, 1916
(Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Johnie C Bright
 (9) PRESENT POSTOFFICE OF FATHER Gibson NC
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY (Years)
 (12) BIRTHPLACE S. C.
 (13) OCCUPATION Farm Labor
 (20) Number of children born to mother, including present birth

MOTHER.
 (14) NAME BEFORE MARRIAGE Rosie Bright
 (15) PRESENT POSTOFFICE OF MOTHER Gibson NC
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY (Years)
 (18) BIRTHPLACE S. C.
 (19) OCCUPATION Housework
 (21) Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature)
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report
 191.....
 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed or mark)
 (27) Filed 10/27/16 (28) H. G. Liles 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.

WHILE PENDING, WITH UNENDING INC—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.
 McCaw, of Columbia