

(1) PLACE OF BIRTH

County of MarlboroTownship of Brightsvilleor
Inc. Town ofor
City of

(If birth occurs in a hospital or 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

82724

Registration District No. 3302 Registered No. 29

(For use of Local Registrar)

SL: _____ Ward)

(2) Full Name of Child Lince Burr Bright

If child is not yet named, make supplemental report as directed

(3) BOY OR
GIRL Boy(4) Twin
or Triplet?

To be answered only in case of Twins or Triplets

(5) Number in
order of birth(6) Are
Parents
Married? Yes(7) DATE BIRTH Aug. 20, 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAME Johnnie E. 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

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(20) Number of children born to
mother, including present birth(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 supplemen-
tal report

(26) Witness

(Signature of Witness necessary only
when question 23 is signed or mark)(27) Filed 10/24/16(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.

WHITE-PLAIN, WITH UNFOLDING 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.

McClaw, of Columbia.