

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

64058

(1) PLACE OF BIRTH

County of WayneTownship of Harlem

Inc. Town of _____

Registration District No. 1600Registered No. 33

(For use of Local Registrar)

City of _____ (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 Laurie McBrimmon

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

(3) BOY OR GIRL? Boy (4) Twin or Triplet? _____ (5) Number in order of birth _____ (6) Are Parents Married? Yes (7) DATE OF BIRTH June 21, 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Harrie McBrimmon(9) PRESENT POSTOFFICE OF FATHER Clio SC(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 23 (Years)(12) BIRTHPLACE NC(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth { 2 }

MOTHER.

(14) NAME BEFORE MARRIAGE Nelly Stetson(15) PRESENT POSTOFFICE OF MOTHER Clio SC(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 28 (Years)(18) BIRTHPLACE SC(19) OCCUPATION Housewife(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, at 2 PM, on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Catharine M. Bess

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

Midwife Clio SC

Given name added from a supplemental report

(26) Witness

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

(27) Date June 21, 1916

(28)

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.