

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 OF COLUMBIA, COLUMBIA, S. C.

## (1) PLACE OF BIRTH

County of **Marlboro,**  
Township of **Smithville,**OR  
Inc. Town of.....OR  
City of.....

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

Registration District No. **3306.** Registered No. **66.**  
(For use of Local Registrar)

(No. .... St.; ..... Ward)

(2) Full Name of Child **William Royd Brigman,** { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <b>Boy</b>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <b>Yes</b>	(7) DATE OF BIRTH <b>June 27/1916.</b> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME **Reachie Brigman,**

(9) PRESENT POSTOFFICE OF FATHER **Bennettsville, S.C.**

(10) COLOR OR RACE **White,** (11) AGE AT LAST BIRTHDAY **22.**  
(Years)

(12) BIRTHPLACE **S.C.**

(13) OCCUPATION **Farmer,**

(20) Number of children born to mother, including present birth { **2.**

## MOTHER.

(14) NAME BEFORE MARRIAGE **Emma Gunn,**

(15) PRESENT POSTOFFICE OF MOTHER **Bennettsville, S.C.**

(16) COLOR OR RACE **White,** (17) AGE AT LAST BIRTHDAY **18**  
(Years)

(18) BIRTHPLACE **S.C.**

(19) OCCUPATION **House Work,**

(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... **alive,** ..... at **7.A.** M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) **Mary Quick,**(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 **July, 5/1916.** (28) **H. H. Priest**  
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.