

(1) PLACE OF BIRTH

County of Dillon
Township of Accomack
or
Inc. Town of

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
17396

Registration District No. 1601 Registered No. 22
(For use of Local Registrar)
City of (No. 401 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 Lutie Brigman If child is not yet named, make supplemental report as directed

(3) SEX OR CHILD Girl (4) Twin or Triplet — (5) Number in order of birth 6 (6) Are Parents Married yes (7) DATE OF BIRTH 6/12 1923
(Name of Month) (Day) (Year)
To be answered only in event of Twins or Triplets

FATHER.

(8) FULL NAME Ally Brigman
(9) PRESENT POSTOFFICE OF FATHER Hamer St.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 41 (Year)
(12) BIRTHPLACE Robeson Co N.C.
(13) OCCUPATION Farmer
(14) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Ora Miller
(15) PRESENT POSTOFFICE OF MOTHER Hamer St.
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 25 (Year)
(18) BIRTHPLACE Hamer St.
(19) OCCUPATION Housewife
(20) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive at 5:30 P.M. on the date above stated. (Born Alive or Born) (Hour, A. M. or P. M.)

(22) (Signature) D. H. Andrews (23) Address of Physician or Midwife Hartland N.C.
(24) State of Birth of Physician or Midwife

Given name added from a supplemental report
Jamie Lavery
Sept. 18 1923
Registrar

(25) Witness (Signature of Witness necessary only when question 23 is signed by mother)
(26) Filed 6/17 1923 (27) W. H. Campbell 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.