

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.

| (1) PLACE OF BIRTH | | CERTIFICATE OF BIRTH STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health | | File No.—For State Registrar Only <div style="border: 1px solid black; padding: 2px; display: inline-block;">87817</div> |
|--|---|---|--|---|
| County of <u>Williamsburg</u> Township of <u>Pine</u> or Inc. Town of _____ or City of _____ (No. _____ St.; _____ Ward) (If birth occurs in a hospital or other institution, give name of same instead of street and number.) | | Registration District No. <u>4308</u> | | Registered No. <u>110</u> (For use of Local Registrar) |
| (2) Full Name of Child <u>Pleasant Thomas Browder</u> | | | | |
| (3) BOY OR GIRL <u>Girl</u> | (4) Twin or Triplet? To be answered only in event of Twins or Triplets | (5) Number in order of birth | (6) Are Parents Married? <u>Yes</u> | (7) DATE OF BIRTH <u>Nov. 20, 1916</u> (Name of Month) (Day) (Year) |
| FATHER. | | | MOTHER. | |
| (8) FULL NAME <u>Cherley Browder</u> | | | (14) NAME BEFORE MARRIAGE <u>Jessie B. Brown</u> | |
| (9) PRESENT POSTOFFICE OF FATHER <u>Bryan S.C.</u> | | | (15) PRESENT POSTOFFICE OF MOTHER <u>Bryan S.C.</u> | |
| (10) COLOR OR RACE <u>White</u> | | | (16) COLOR OR RACE <u>White</u> | |
| (11) AGE AT LAST BIRTHDAY <u>40</u> (Years) | | | (17) AGE AT LAST BIRTHDAY <u>30</u> (Years) | |
| (12) BIRTHPLACE <u>Bryans S.C.</u> | | | (18) BIRTHPLACE <u>Bryans S.C.</u> | |
| (13) OCCUPATION <u>Farmer</u> | | | (19) OCCUPATION <u>Housewife</u> | |
| (20) Number of children born to mother, including present birth <u>five</u> | | | (21) Number of children of this mother now living, including present birth <u>four</u> | |
| CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* | | | | |
| (22) I hereby certify that I attended the birth of this child, who was <u>Born</u> at <u>9 A.M.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.) | | | | |
| (23) (Signature) <u>Sylvia Ann Huell</u> | | | | |
| (24) State whether Physician or Midwife <u>midwife</u> | | | | |
| (25) Address of Physician or Midwife <u>Bryan, S. C.</u> | | | | |
| Given name added from a supplemental report _____ | | | (26) Witness _____ (Signature of Witness necessary only when question 23 is signed by mark) | |
| _____ 19 ____ Registrar | | | (27) Filed <u>Nov 25th</u> 19 <u>16</u> (28) <u>Albert R. Moseley</u> 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.