

## (1) PLACE OF BIRTH

County of GreenvilleTownship of Austinor  
Inc. Town of .....or  
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

56024

Registration District No. 2200 Registered No. 57  
(For use of Local Registrar)

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

(2) Full Name of Child. Ally Brewster(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Apr 1 1906  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Ally Brewster(9) PRESENT POSTOFFICE OF FATHER Simpsonville(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 26 (Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 2

## MOTHER.

(15) NAME BEFORE MARRIAGE Anna Burnside(16) PRESENT POSTOFFICE OF MOTHER Simpsonville(17) COLOR OR RACE Negro (18) AGE AT LAST BIRTHDAY 20 (Years)(19) BIRTHPLACE S.C.(20) OCCUPATION Housekeeping(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 P. M. on the date above stated. (How alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) L. L. Richardson

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

Given name added from a supplemental report

191....

Registrar

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed May 4 1906 (28) L. L. Richardson 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.