CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
50769

(1) PLACE OF BIRTH
County of York
Township of Bethel
or
Inc. Town of ..... Registration District No. 440 Registered No. 11
(For use of Local Registrar)
or
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 Brandon } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy
(4) Twin or Triplet? To be answered only in event of Twins or Triplets
(5) Number in order of birth 4
(6) Are Parents Married? yes
(7) DATE OF BIRTH July 25 1915 (Name of Month) (Day) (Year)

FATHER.	MOTHER.
(8) FULL NAME David M. Brandon	(14) NAME BEFORE MARRIAGE Eula Boyd
(9) PRESENT POSTOFFICE OF FATHER Clover S.C. Route 3	(15) PRESENT POSTOFFICE OF MOTHER Clover S.C. Route 3
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 32 (Years)	(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 31 (Years)
(12) BIRTHPLACE York Co S.C.	(18) BIRTHPLACE York Co S.C.
(13) OCCUPATION Farmer	(19) OCCUPATION House wife
(20) Number of children born to mother, including present birth } Four	(21) Number of children of this mother now living, including present birth } Four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 8 P. M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Rice W. Owen

(24) State whether Physician or Midwife: Physician

(25) Address of Physician or Midwife: Clover S.C. Route 2

Given name added from a supplemental report
....., 191....
.....
Registrar

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

(27) Filed Mar 1 1916 (28) H. A. Brennan
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.

FORM No. 5
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
M. 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.
M. B. McCaw, of Columbia.

Registrar
McCaw.
*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.