

IN CASE OF TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THIS OFFICE, No. 2, etc., in question 3.

MEGAN OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Charleston

Township of .....

or

Inc. Town of .....

or

City of Charleston

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

(2) Full Name of Child

Brewer

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

3. SEX OR GIRL? girl

4. Twin or Triplet? X

5. Number in order of birth X

6. Are Parents Married? yes

7. DATE OF

BIRTH June 13, 1922

(Name (Month) (Day) (Year))

FATHER.

8. FULL NAME

Joel Crawford Brewer

9. PRESENT POSTOFFICE OF FATHER

174 Queen St. City.

10. COLOR OR RACE N

11. AGE AT LAST BIRTHDAY

22 (Years)

12. BIRTHPLACE

Charleston S.C.

13. OCCUPATION

Bookkeeper

20. Number of children born to mother, including present birth

1.0.0.

MOTHER.

14. NAME BEFORE MARRIAGE

Helen Elizabeth Steeger

15. PRESENT POSTOFFICE OF MOTHER

174 Queen St. City

16. COLOR OR RACE N

17. AGE AT LAST BIRTHDAY

24 (Years)

18. BIRTHPLACE

Charleston S.C.

19. OCCUPATION

Wife

21. Number of children of this mother now living, including present birth

1.0.0.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 5:20 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature]

(24) State whether Physician or Midwife

(25) Address of Physic or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed 6/20 19 22

(28) [Signature] 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.

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