

MARGIN RESERVED FOR BINDING.

WHITE PLAINS). WITH LEADING 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

County of Spokane
Township of Cross Creek
or
Inc. Town of.....
or
City of

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

File No.—For State Registrar Only
23926

Registration District No. 4008 Registered No. 59.....
(For use of Local Registrar)

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

3) BOY OR GIRL? Boy 4) Twin or Triplet? ☒ 5) Number in order of birth 1 6) Are Parents Married? Yes 7) DATE OF BIRTH April 12 1922
(Name of Month) (Day) (Year)

FATHER.

8) FULL NAME Lease Brewington
9) PRESENT POSTOFFICE OF FATHER Cross Creek, S.C.
10) COLOR OR RACE White 11) AGE AT LAST BIRTHDAY 45 (Years)
12) BIRTHPLACE Glen Springs, S.C.
13) OCCUPATION Farm laborer
20) Number of children born to mother, including present birth 1

MOTHER.

14) NAME BEFORE MARRIAGE Lilly Smith
15) PRESENT POSTOFFICE OF MOTHER Cross Creek, S.C.
16) COLOR OR RACE White 17) AGE AT LAST BIRTHDAY 19 (Years)
18) BIRTHPLACE Spokane Co., S.C.
19) OCCUPATION at home
21) Number of children of this mother now living, including present birth 1-00-1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 6 A.M. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) Emma F. Green
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Cross Creek, S.C.

Given name added from a supplemental report

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

(27) Filled July 14 1922 (28) C. D. Hanna 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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