

(1) PLACE OF BIRTH

County of

Township of

or

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. for State Registrar Only

28580

Registration District No.

Registered No. 22094
(For use of Local Registrar)

(No. R R H 7)

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 Arthur Henry Brewer

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

(3) SEX OF CHILD

Boy

(4) Twin or Triplet

To be answered only in case of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married

Yes

(7) DATE OF BIRTH

Sept 12, 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Jimmie Lewis Brewer

(9) PRESENT POSTOFFICE OF FATHER

W. H. R. R. S. S.

(10) COLOR OR RACE

W.

(11) AGE AT LAST BIRTHDAY

41
(Year)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Carpenter

(20) Number of children born to mother, including present birth

10

MOTHER.

(14) NAME BEFORE MARRIAGE

Sallie Lillian Belk

(15) PRESENT POSTOFFICE OF MOTHER

Same

(16) COLOR OR RACE

W.

(17) AGE AT LAST BIRTHDAY

38
(Year)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Housewife

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

8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born on the date above stated.

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Sept 15, 1923, a. H. Mackey
(28) 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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