

FORM NO. 1.

(1) PLACE OF BIRTH

County of LeeTownship of Trinity CreekOR
Inc. Town ofOR
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

90753

Registration District No. 3009 Registered No. 75
(For use of Local Registrar)(2) Full Name of Child Corinne Brawm { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (5) Are Parents Married? Yes (7) DATE OF BIRTH Dec 1st 1916
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Callius Brawm(9) PRESENT POSTOFFICE OF FATHER Lucknow S.C.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 53 (Years)(12) BIRTHPLACE Darlington Co(13) OCCUPATION Team Laborer(20) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Emma Howard(15) PRESENT POSTOFFICE OF MOTHER Lucknow S.C.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 35 (Years)(18) BIRTHPLACE Sumter Co S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 6 AM. 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 Physician or Midwife Lucknow

Given name added from a supplemental report

191

Registrar

(26) Witness [Signature]

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

(27) Filed Dec 8 1916 (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.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McClaw, of Columbia.

KINDER BEHOLDEN FOR BEHOLDING.