

(1) PLACE OF BIRTH

County of F. LawrenceTownship of Perdueor
Inc. Town ofor
City of

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

(2) Full Name of Child Linnie Brazen ... { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?

(4) Twin or Triplet?

(5) Number in order of birth 1(6) Are Parents Married? Yes(7) DATE OF BIRTH Nov. 25 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME C. H. Brazen(9) PRESENT POSTOFFICE OF FATHER Waring(10) COLOR OR RACE white(11) AGE AT LAST BIRTHDAY 25 (Years)(12) BIRTHPLACE Waring(13) OCCUPATION Farming(20) Number of children born to mother, including present birth { 2 }

MOTHER.

(14) NAME BEFORE MARRIAGE Linnie M. Wright(15) PRESENT POSTOFFICE OF MOTHER Waring(16) COLOR OR RACE white(17) AGE AT LAST BIRTHDAY 30 (Years)(18) BIRTHPLACE Scranton S. C.(19) OCCUPATION Farming(21) Number of children of this mother now living, including present birth { 2 }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 5 PM on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) midwife Bina Belton(24) State whether Physician or Midwife (25) Address of Physician or Midwife Waring S. C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed Nov 30 1916

(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.

WHITE PLAINLY, WITH UNFADING 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.

McCaw, of Columbia