

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		<b>CERTIFICATE OF BIRTH</b>		File No.—For State Registrar Only <b>86294</b>	
County of <u>Lancaster</u>		STATE OF SOUTH CAROLINA			
Township of <u>Pleasant Hill</u>		Bureau of Vital Statistics			
or Inc. Town of .....		State Board of Health			
or City of .....		Registration District No. <u>2806</u>		Registered No. <u>131</u>	
(No. .... St.; .... Ward)		(For use of Local Registrar)			
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)					
(2) Full Name of Child <u>Edgar Bratton</u>		{ If child is not yet named, make supplemental report as directed			
(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Oct 21 1916</u> (Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>J. B. Williams</u>			(14) NAME BEFORE MARRIAGE <u>Maggie Blackman</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Starks Co</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Starks Co</u>		
(10) COLOR OR RACE <u>white</u>			(11) AGE AT LAST BIRTHDAY <u>26</u> (Years)		
(12) BIRTHPLACE <u>Lancaster Co.</u>			(16) COLOR OR RACE <u>white</u>		
(13) OCCUPATION <u>farmer</u>			(17) AGE AT LAST BIRTHDAY <u>25</u> (Years)		
(20) Number of children born to mother, including present birth <u>three</u>			(18) BIRTHPLACE <u>Lancaster Co.</u>		
			(19) OCCUPATION <u>house wife</u>		
			(21) Number of children of this mother now living, including present birth <u>three</u>		
<b>CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*</b>					
(22) I hereby certify that I attended the birth of this child, who was ... <u>born</u> ... at <u>11:50 P.M.</u> , on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>W. E. Williams, M.D.</u>					
(24) State whether Physician or Midwife					
(25) Address of Physician or Midwife					
Given name added from a supplemental report					
(26) Witness					
(27) Filed <u>12/11</u> 19 <u>16</u> (28) <u>E. F. Hammon</u> Registrar 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.