

MAKING RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. B.—In case of TWINS OR TRIPLETS use 2 SEPARATE BLANK for each child, and mark the FIRST-BORN. No. 1. THE OTHER, No. 2, etc., in question 5.  
McCaw, of Columbia.

(1) PLACE OF BIRTH

County of Cherokee  
Township of .....  
OR  
Inc. Town of Manning  
OR  
City of .....

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only

45850

Registration District No. 13-A Registered No. 1  
(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 Robert Walter Brothman } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 18 1916  
(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Hermon H. Brothman

(14) NAME BEFORE MARRIAGE Mary Sue Walker

(9) PRESENT POSTOFFICE OF FATHER Manning, S.C.

(15) PRESENT POSTOFFICE OF MOTHER Manning, S.C.

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 33 (Years)

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 30 (Years)

(12) BIRTHPLACE Manning, S.C.

(18) BIRTHPLACE Martinsville, Va.

(13) OCCUPATION Post. Master

(19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 3

(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive at 5:00 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. M. Brantley, M.D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Manning, 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 Jan 31 1916 (28) A. S. Todd 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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