

1. PLACE OF BIRTH

County of York

Township of

or Town of

or Rock Hill, S.C.

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

38039

Registration District No. 440

Registered No. 267

(For use of Local Registrar)

St. Ward)

(No. instead of street and number.)

2. Full Name of Child Henri Everett Brigman

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

3. (1) SEX Boy (2) Twin or Triplet? No (3) Number in order of birth 1 (4) Are Parents Married? Yes (5) DATE OF BIRTH Nov. 2 1923 (Name of Month) (Day) (Year)

FATHER: (6) FULL NAME Paul Eugene Brigman (7) PRESENT POSTOFFICE OF FATHER Rock Hill, S.C. (8) COLOR OR RACE W. (9) AGE AT LAST BIRTHDAY 35 (Years) (10) BIRTHPLACE NC (11) OCCUPATION Mill

MOTHER: (12) NAME BEFORE MARRIAGE Lillie (Reynolds) (13) PRESENT POSTOFFICE OF MOTHER Rock Hill, S.C. (14) COLOR OR RACE W. (15) AGE AT LAST BIRTHDAY 25 (Years) (16) BIRTHPLACE Ridgeway, S.C. (17) OCCUPATION House (18) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(19) I hereby certify that I attended the birth of this child, who was alive at 11 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(20) (Signature) A. R. Bratton (21) State whether Physician or Midwife Physician (22) Address of Physician or Midwife Rock Hill, S.C.

Give name added from a supplemental report

(23) Witness (Signature of witness necessary only when question 22 is signed by mark)

(24) Filed 1.24.11 10123. (25) J. P. Miller 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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