

USE OF THIS FORM FOR 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

County of Aiken

Township of Gregg

or Inc. Town of Graniteville

or 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
13388

Registration District No. 2A

Registered No. 13
(For use of Local Registrar)

(2) Full Name of Child

Brewer

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

(3) BOY OR GIRL <u>boy</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>May 26, 22</u> (Name of Month) (Day) (Year)
(8) FULL NAME <u>Geo. Hampton Brewer</u>			(14) NAME BEFORE MARRIAGE <u>Gertrude Carrie Dennis</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Graniteville, SC</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Graniteville, SC</u>	
(10) COLOR OR RACE <u>white</u>			(16) COLOR OR RACE <u>white</u>	
(11) AGE AT LAST BIRTHDAY <u>38</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>27</u> (Years)	
(12) BIRTHPLACE <u>Graniteville, S.C.</u>			(18) BIRTHPLACE <u>Augusta Ga.</u>	
(13) OCCUPATION <u>Carpenter</u>			(19) OCCUPATION <u>Domestic</u>	
(20) Number of children born to mother, including present birth <u>12</u>			(21) Number of children of this mother now living, including present birth <u>12</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 3:09 P.M. on the date above stated. (Born alive or Stillborn) (Hour A.M. or P.M.)

(23) (Signature) W. R. Thurbull, M.D.
(24) State whether Physician or Midwife
Physician
(25) Address of Physician or Midwife
Graniteville, 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 May 31, 22 by W. R. Thurbull, M.D.
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.

5/27 1922 W. R. Medlock
Local Registrar

Given name added from a supplemental report