

(1) PLACE OF BIRTH

County of Kershaw
 Township of Paterson
 or
 Inc. Town of _____
 or
 City of _____ (No. _____ St. _____ Ward _____)

CERTIFICATE OF BIRTH

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

File No. - For State Registrar Only

11683

Registration District No. 2809 Registered No. _____
 (For use of Local Registrar)

(2) Full Name of Child Murdie Brennan

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? _____ (5) Number in order of birth _____ (6) Are Parents Married? yes (7) DATE OF BIRTH March 22 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Andrew Brennan
 (9) PRESENT POSTOFFICE OF FATHER Lugoff, S.C.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 28 (Year)
 (12) BIRTHPLACE S.C.
 (13) OCCUPATION Trainer
 (14) Number of children born to mother, including present birth 6

MOTHER.

(15) NAME BEFORE MARRIAGE Lila Bowen
 (16) PRESENT POSTOFFICE OF MOTHER Lugoff, S.C.
 (17) COLOR OR RACE White (18) AGE AT LAST BIRTHDAY 25 (Year)
 (19) BIRTHPLACE S.C.
 (20) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 6 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) L. A. Spaulding (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife 4 South 1st St. Lugoff

Given name added from a supplemental report

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

19 _____
 Registrar

(27) Filed April 30 1922 at Lugoff, S.C. 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.