

## (1) PLACE OF BIRTH

County of Clarendon  
 Township of Manning  
 or  
 Inc. Town of.....  
 or  
 City of.....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

3741

Registration District No. 1207Registered No. 7  
(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 Walter Lee Brewer

(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 11/9 18 21  
 (Name) (Month) (Day) (Year)

## FATHER.

(8) FULL NAME L. Edgely Brewer  
 (9) PRESENT POSTOFFICE OF FATHER Wesley Hill Route  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 29 (Year)  
 (12) BIRTHPLACE Clarendon County  
 (13) OCCUPATION Farmer  
 (20) Number of children born to mother, including present birth 2

## MOTHER.

(14) NAME BEFORE MARRIAGE Miss Emma Hershey  
 (15) PRESENT POSTOFFICE OF MOTHER Clarendon Co  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 27 (Year)  
 (18) BIRTHPLACE Clarendon County  
 (19) OCCUPATION Housewife  
 (21) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

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

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed Feb 22 19 22 (28) C. J. White 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.