

USE SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 8.

(1) PLACE OF BIRTH

County of .....

Township of .....

Inc. Town of .....

City of Greenwell .....

(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

21093

Registration District No. 22a

Registered No. 369

(For use of Local Registrar)

(2) Full Name of Child Charles Eric Brashton

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

(3) BOY OR GIRL F

(4) Twin or Triplet

To be answered only in case of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married Yes

(7) DATE OF BIRTH

July 18 1923

FATHER.

(8) NAME BEFORE MARRIAGE Charles Eric Brashton

(9) PRESENT RESIDENCE Greenwell S.C.

(10) COLOR OR RACE W

(11) AGE AT LAST BIRTHDAY

24

(12) BIRTHPLACE

Greenwell

(13) OCCUPATION

Waterman St. Cor

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

2

MOTHER.

(14) NAME BEFORE MARRIAGE

(15) PRESENT RESIDENCE

Greenwell S.C.

(16) COLOR OR RACE W

(17) AGE AT LAST BIRTHDAY

21

(18) BIRTHPLACE

H. C.

(19) OCCUPATION

House work

(20) 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 born alive on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Dr. M. J. Smith

(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 July 30 1923

(28) Local Registrar

(29) Dr. M. J. Smith

\*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.