

FORM NO. 3  
 MARGIN RESERVED FOR BINDING.  
 WHILE PRINTING, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the  
 FIRST-BORN V. No. 1. THE OTHER, No. 2, etc., in question 5.  
 City of Columbia

**CERTIFICATE OF BIRTH**

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

File No. — For State Registrar Only  
 85738

(1) PLACE OF BIRTH  
 County of Greenville  
 Township of .....  
 or  
 Inc. Town of ..... Registration District No. .... Registered No. 468  
 or  
 City of Greenville (No. 610 Savannah) (For use of Local Registrar)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.) St.; ..... Ward

(2) Full Name of Child Not named { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth <small>to be answered only in case of twins or triplets</small>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>11 25 6</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.		MOTHER.	
(8) FULL NAME <u>Harry Brazzard</u>	(14) NAME BEFORE MARRIAGE <u>Alford</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Greenville S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Greenville S.C.</u>
(16) COLOR OR RACE <u>W</u>	(11) AGE AT LAST BIRTHDAY <u>25</u> <small>(Years)</small>	(16) COLOR OR RACE <u>W</u>	(17) AGE AT LAST BIRTHDAY <u>20</u> <small>(Years)</small>
(12) BIRTHPLACE <u>S.C.</u>	(13) OCCUPATION <u>Auto Repair</u>	(18) BIRTHPLACE <u>S.C.</u>	(19) OCCUPATION <u>House</u>
(20) Number of children born to mother, including present birth <u>3</u>	(21) Number of children of this mother now living, including present birth <u>3</u>		

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was born at 120 A on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature]

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Greenville S.C.

Given name added from a supplemental report ..... 191..... ..... ..... Registrar	(26) Witness ..... <small>(Signature of Witness necessary only when question 23 is signed by mark)</small>
(27) Filed <u>Dec 2 1916</u> Registrar	(28) <u>[Signature]</u> 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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K S A F E T Y A F I