

## (1) PLACE OF BIRTH

County of CherokeeTownship of Pee Dee

Inc. Town of .....

City of .....

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Philip E. Brewington

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

(3) SEX OR CHILD Boy (4) Twin or Triplet No (5) Number in order of birth 1 (6) Age of child Yes (7) DATE OF BIRTH Sept 16, 1923  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME E. A. Brewington(9) PRESENT POSTOFFICE OF FATHER Society Hill, R. 3(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 40 (Year)(12) BIRTHPLACE Society Hill, S.C.(13) OCCUPATION Public work.(14) Number of children born to mother, including present birth 6

## MOTHER.

(14) NAME BEFORE MARRIAGE Callie Kelly(15) PRESENT POSTOFFICE OF MOTHER Society Hill, R. 3(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 35 (Year)(18) BIRTHPLACE Society Hill, S.C.(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth 6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was Born alive at 4 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) M. J. Watson(23) State whether Physician or Midwife Midwife (24) Address of Physician or Midwife Society Hill, S.C.

Given name added from a supplemental report

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

(26) Filed 19 (27) Local Registrar D. J. Malters

\*When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.