

MARGIN RESERVED FOR BINDING.  
 WRITE PLAINLY, 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, No. 1. THE OTHER, No. 2, etc., in question 8.  
 S. Cal. of Columbia.

## (1) PLACE OF BIRTH

County of **Marlboro**,.....Township of **Smithville**,.....

or

Inc. Town of .....

or

City of .....

(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

49905

Registration District No. **1106** Registered No. **14**.....

(For use of Local Registrar)

St.; ..... Ward)

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

(3) BOY OR GIRL?

**Boy**,

(4) Twin or Triplet?

To be answered only in case of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

**Yes**(7) DATE OF BIRTH **JAN. 16 / 1916** .....

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

**King Brigman**,

(9) PRESENT POSTOFFICE OF FATHER

**Bennettsville, S.C.**(10) COLOR **White**, OR RACE(11) AGE AT LAST BIRTHDAY **29** (Years)

(12) BIRTHPLACE

**S.C.**

(13) OCCUPATION

**Farmer**,

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

**5**.....

## MOTHER.

(14) NAME BEFORE MARRIAGE

**Cathern Brigman**,

(15) PRESENT POSTOFFICE OF MOTHER

**Bennettsville, S.C.**(16) COLOR **White**, OR RACE(17) AGE AT LAST BIRTHDAY **26** (Years)

(18) BIRTHPLACE

**S.C.**

(19) OCCUPATION

**Housework & Farm**,

(21) Number of children of this mother now living, including present birth

**5**.....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was **alive**.... at **5 P.M.**.... M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) **Tyra Elisen**,.....

(24) State whether Physician or Midwife

**Midwife**,

(25) Address of Physician or Midwife

**Bennettsville, S.C.**

Given name added from a supplemental report

191....

Registrar

(26) Witness **King Brigman**,..... (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed **Feb. 3 / 1916** (28) **W. H. Pruitt** 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.