

(1) PLACE OF BIRTH

County of Greenville
Township of Highland
or
Inc. Town of
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
85858

Registration District No. 2211 Registered No.
(For use of Local Registrar)

(2) Full Name of Child Lola Brain } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl (4) Twin or Triplet? 1 (5) Number in order of birth 2 (6) Are Parents Married? yes (7) DATE OF BIRTH Oct 7 196
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John Brain
(9) PRESENT POSTOFFICE OF FATHER Green #3
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 37 (Years)
(12) BIRTHPLACE S.C.
(13) OCCUPATION Farming
(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Lola Stewart
(15) PRESENT POSTOFFICE OF MOTHER Green #3
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 25 (Years)
(18) BIRTHPLACE South Car.
(19) OCCUPATION House wife
(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 alive at 6:30 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) A. G. Morrow
(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Phys. Campbell

Given name added from a supplemental report
..... 191....
.....
Registrar

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed 11-15-1966 (28) L. J. Rainey 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.

WHILE PRESENTING THIS CERTIFICATE TO THE REGISTRAR, IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD.
FIRST-BORN, NO. 1. THE OTHER, NO. 2, ETC., IN QUESTION 5.
M McCaw, of Columbia.