(1) PLACE OF BIRTH

County of York

Township of Bullock

or

Inc. Town of .....

or

City of ..... (No. ....., ... St.; ..... Ward)

(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
45015

Registration District No. 4400 Registered No. 64
(For use of Local Registrar)

(2) Full Name of Child Thos. Ray Brennan

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

(3) BOY ~~OR GIRL~~?	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH (Name of Month) (Day) (Year)
Boy		9	Yes	Nov 22, 1914

FATHER.

(8) FULL NAME Andrew Campbell Brennan

(9) PRESENT POSTOFFICE OF FATHER Clover No 2

(10) COLOR OR RACE White

(11) AGE AT LAST BIRTHDAY 39 (Years)

(12) BIRTHPLACE York Co

(13) OCCUPATION Farmer

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

MOTHER.

(14) NAME BEFORE MARRIAGE Dalor Thompson

(15) PRESENT POSTOFFICE OF MOTHER Clover No 2

(16) COLOR OR RACE White

(17) AGE AT LAST BIRTHDAY 33 (Years)

(18) BIRTHPLACE York Co

(19) OCCUPATION Housewife

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive, at 9 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) T. Lee McDuffie

(24) State whether Physician or Midwife: Physician

(25) Address of Physician or Midwife: Clover Route 2

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 Jan 8 1915 (28) H. A. Quinn
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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FORM No. 2
REVISED 1913. PRINTED ON LINEN RECORD PAPER. BINDING STRIPS IN MARGIN.
WRITTEN 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. THEN OTHER, No. 2, etc., in question 3.
W. McCaw, of Columbia.