

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 6.

McCaw, of Columbia.

(1) PLACE OF BIRTH
County of Charleston
Township of CharlestonOR
Town of Registration District No. 2-18 Registered No. 29
(For use of Local Registrar)
City of Charleston (No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child Jessie Brewer { If child is not yet named, make supplemental report as directed(3) SEX OR GENDER Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Aug 25 1916
(Name of Month) (Day) (Year)

FATHER.			MOTHER.		
(8) FULL NAME	<u>John Brewer</u>		(14) NAME BEFORE MARRIAGE	<u>Leah Dennis</u>	
(9) PRESENT POSTOFFICE OF FATHER	<u>Graniteville</u>		(15) PRESENT POSTOFFICE OF MOTHER	<u>Graniteville</u>	
(10) COLOR OR RACE	(11) AGE AT LAST BIRTHDAY	<u>white</u> <u>32</u> (Years)	(16) COLOR OR RACE	(17) AGE AT LAST BIRTHDAY	<u>white</u> <u>20</u> (Years)
(12) BIRTHPLACE	<u>Graniteville</u>		(18) BIRTHPLACE	<u>Augusta</u>	
(13) OCCUPATION	<u>Carpenter</u>		(19) OCCUPATION	<u>Housewife</u>	
(20) Number of children born to mother, including present birth	<u>One</u>		(21) Number of children of this mother now living, including present birth	<u>One</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at Graniteville on the date above stated. (Hour A. M. or P. M.) 9:30 P.M.(23) (Signature) Donatus(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Graniteville

Given name added from a supplemental report

..... July 24 191.....
..... Wm. J. Miller
..... Super Registrar

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

(27) Filed Sept 11 191..... (28) Wm. J. Miller 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.