

FORM NO. 6

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 6.

McCaw, of Columbia.

(1) PLACE OF BIRTH *Georgetown*
County of *Georgetown*
Township of *Georgetown*

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA,
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
75404

OR
Town of Registration District No. *2-18* Registered No. *29*
(For use of Local Registrar)
OR
City of *Georgetown* (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 *Juff Brewer* { If child is not yet named, make supplemental report as directed

(3) SEX OR GENDER *Boy* (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? *Yes* (7) DATE OF BIRTH *Aug. 25 1916*
To be answered only in event of twins or triplets (Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME *John Brewer*
(9) PRESENT POSTOFFICE OF FATHER *Georgetown*
(10) COLOR OR RACE *white* (11) AGE AT LAST BIRTHDAY *32* (Years)
(12) BIRTHPLACE *Georgetown*
(13) OCCUPATION *Carpenter*
(20) Number of children born to mother, including present birth *one*

MOTHER.
(14) NAME BEFORE MARRIAGE *Leah Dennis*
(15) PRESENT POSTOFFICE OF MOTHER *Georgetown*
(16) COLOR OR RACE *white* (17) AGE AT LAST BIRTHDAY *20* (Years)
(18) BIRTHPLACE *Augusta*
(19) OCCUPATION *Housewife*
(21) Number of children of this mother now living, including present birth *one*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) *Robert*
(24) State whether Physician or Midwife (25) Address of Physician or Midwife *Georgetown Physician*

Given name added from a supplemental report
Juff 191*7*
W. J. ... Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed *Sept 11 1916* (28) *W. J. ...* 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.