

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 5.

McCaw, of Columbia.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only 72726	
County of <u>Flomucca</u>		STATE OF SOUTH CAROLINA. Bureau of Vital Statistics State Board of Health			
Township of <u>Flomucca</u>		Registration District <u>No. 1</u>		Registered No. <u>165</u>	
or Inc. Town of		City of <u>No. ANGELO</u>		(For use of Local Registrar) <u>Brockington St.</u> Ward	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		(2) Full Name of Child <u>Angelina Brockington</u>		If child is not yet named, make supplemental report as directed	
(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet?	(5) Number in order of birth <small>To be answered only in case of Twin or Triplets</small>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Aug. 6</u> 191 <u>6</u> <small>(Name of Month) (Day) (Year)</small>	
(8) FULL NAME <u>Hannibal Brockington</u>			(9) MOTHER <u>Hannibal Brockington</u>		
(10) PRESENT POSTOFFICE OF FATHER <u>Flomucca</u>			(11) PRESENT POSTOFFICE OF MOTHER <u>Flomucca</u>		
(12) COLOR OR RACE <u>Cae</u>	(13) AGE AT LAST BIRTHDAY	(14) COLOR OR RACE <u>Cae</u>	(15) AGE AT LAST BIRTHDAY <u>22</u>		
(16) BIRTHPLACE <u>SC</u>			(17) BIRTHPLACE <u>SC</u>		
(18) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Farmer</u>		
(20) Number of children born to mother, including present birth {			(21) Number of children of this mother now living, including present birth { <u>1</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>Alm</u> at <u>5 A</u> M. on the date above stated. <small>(Born alive or stillborn) (Hour A. M. or P. M.)</small>					
(23) (Signature) <u>Anna C. Lash</u>					
(24) State whether Physician or Midwife <u>Midwife</u> (25) Address of Physician or Midwife <u>Flomucca</u>					
Given name added from a supplemental report <u>See affd. 2-5-48</u> 191 <u>6</u> <u>L.K.</u> Registrar			(26) Witness <u>W. E. Lash</u> <small>(Signature of Witness necessary only when question 23 is signed by mark)</small>		
			(27) Filed <u>Regt. 6</u> 191 <u>6</u> (28) <u>W. E. Lash</u> 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.