

(1) PLACE OF BIRTH

County of Brennells
Township of Brennells

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
64561

Inc. Town of _____ or _____
City of Park Place Registration District No. 2207 Registered No. 302
(If birth occurs in a hospital or other institution give name of same instead of street and number.)
(For use of Local Registrar)

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

(3) BOY OR GIRL? Boy (4) Twin or Triplet? _____ (5) Number in order of birth _____ (6) Are Parents Married? Y (7) DATE OF BIRTH 6 6 1916
To be answered only in event of Twins or Triplets
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Maest Bradley
(9) PRESENT POSTOFFICE OF FATHER Brennells
(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 23
(12) BIRTHPLACE S.C.
(13) OCCUPATION Mill Operator
(20) Number of children born to mother, including present birth 2

MOTHER.
(14) NAME BEFORE MARRIAGE Callaway
(15) PRESENT POSTOFFICE OF MOTHER Brennells
(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 22
(18) BIRTHPLACE N.C.
(19) OCCUPATION Housewife
(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 born at 4-10 A.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature]
(24) State whether Physician or Midwife _____ (25) Address of Physician or Midwife Physician Brennells S.C.

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 June 27 1916 (28) A. H. Mackay 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.

fifth month of pregnancy.

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