

WRITING WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 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
 County of Union
 Township of Union
 or
 Inc. Town of
 or
 City of Union (No. 4 Spring)
 (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
79548

Registration District No. 42-A Registered No. 145
 (For use of Local Registrar)
 St.; 4 Ward

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>Yes</u>	(5) Number in order of birth. <u>To be answered only in event of twins or triplets</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Sept. 18, 1916</u> (Name of Month) (Day) (Year)
(8) FULL NAME <u>Chas Briggs</u>		(14) NAME BEFORE MARRIAGE <u>Mollie Geuge</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>4 Spring St Union SC</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>4 Spring St Union SC</u>		
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>39</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>39</u> (Years)	
(12) BIRTHPLACE <u>Mitchel SC</u>		(18) BIRTHPLACE <u>Mitchel SC</u>		
(13) OCCUPATION <u>Cotton Mill work</u>		(19) OCCUPATION <u>Domestic</u>		
(20) Number of children born to mother, including present birth. <u>10</u>		(21) Number of children of this mother now living, including present birth. <u>10</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive, at 1:10 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
 (23) (Signature) D. P. Jackson MD
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Union SC

Given name added from a supplemental report offid 2-6-50 191...
 Registrar
 (26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Feb 25 1916 (28) D. S. Barratt 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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K O D A K S A