

MADE BY THE STATE OF SOUTH CAROLINA FOR THE PURPOSE OF FURNISHING A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

1 (1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No. — For State Registrar Only	
County of <u>Richland</u>		STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		16436	
Township of		Registration District No. <u>58^a</u>		Registered No. <u>1318</u> (For use of Local Registrar)	
Inc. Town of		(No. <u>East Taylor</u> St.; Ward)			
City of <u>Columbia, S.C.</u>		(If birth occurs in a hospital or other institution, give name of same instead of street and number.)			
(2) Full Name of Child <u>Cawell Brazil</u>		If child is not yet named, make supplemental report as directed			
(3) BOY OR GIRL? <u>boy</u>	(4) Twin or Triplet? <u>No</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>May 4, 1922</u> (Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Cawell Brazil</u>			(14) NAME BEFORE MARRIAGE <u>Mazel Morgan</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Edge Wold, P.O.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Edge Wold, P.O.</u>		
(10) COLOR OR RACE <u>white</u>			(16) COLOR OR RACE <u>white</u>		
(11) AGE AT LAST BIRTHDAY <u>24</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>19</u> (Years)		
(12) BIRTHPLACE <u>Richland</u>			(18) BIRTHPLACE <u>North Carolina</u>		
(13) OCCUPATION <u>Common labor.</u>			(19) OCCUPATION <u>House wife</u>		
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>2</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(22) I hereby certify that I attended the birth of this child, who was <u>Born alive</u> at <u>7:40</u> M., on the date above stated. (Born <u>alive</u> stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Patsy E. Roseborough</u>					
(24) State whether Physician or Midwife <u>Midwife</u>					
(25) Address of Physician or Midwife <u>East Taylor, S.C.</u>					
Given name added from a supplemental report			(26) Witness		
			(Signature of Witness necessary only when question 23 is signed by mark)		
19			(27) Filed <u>5/11</u> 19 <u>22</u>		
Registrar			(28) <u>Local Registrar.</u>		

*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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