

MARRIED WOMEN FOR 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.

(1) PLACE OF BIRTH  
County of Richland  
Township of .....  
OR  
Inc. Town of .....  
or  
City of Columbia S.C.  
(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  
**16436**

Registration District No. 58a Registered No. 1318  
(For use of Local Registrar)  
(No. East Taylor St.; ..... Ward)

(2) Full Name of Child Cawell Brazil (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? boy (4) Twin or Triplet?  To be answered only in event of Twins or Triplets (5) Number in order of birth ..... (6) Are Parents Married? yes (7) DATE OF BIRTH May 4 1922  
(Name of Month) (Day) (Year)

**FATHER.**  
(8) FULL NAME Cawell Brazil  
(9) PRESENT POSTOFFICE OF FATHER Edge Wold, P.O.  
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 24  
(Years)  
(12) BIRTHPLACE Richland  
(13) OCCUPATION Common labor.  
(20) Number of children born to mother, including present birth .....

**MOTHER.**  
(14) NAME BEFORE MARRIAGE Mazel Morgan  
(15) PRESENT POSTOFFICE OF MOTHER Edge Wold, P.O.  
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 19  
(Years)  
(18) BIRTHPLACE North Carolina  
(19) OCCUPATION House wife  
(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 alive at 7:00 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)  
(23) (Signature) Patsy E. Roseborough  
(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife East Taylor St.

Given name added from a supplemental report  
.....  
.....  
..... 19 .....

(26) Witness .....  
(Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed 5/11 19 22 (28) 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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