

(1) PLACE OF BIRTH
 County of Berkeley
 Township of 2nd St Johns
 or
 Inc. Town of _____
 or
 City of _____
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 203 Registered No. 608
 (For use of Local Registrar)

(2) Full Name of Child Jacharias Brian { 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) Age Parents Married no (7) DATE OF BIRTH June 26 1916
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Edman Brian (14) NAME BEFORE MARRIAGE Mary Washington
 (9) PRESENT POSTOFFICE OF FATHER Pineolis S.C. (15) PRESENT POSTOFFICE OF MOTHER Chicora S.C.
 (10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 25 (Years) (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 21 (Years)
 (12) BIRTHPLACE Berkeley Co. 2nd St Johns Parish (18) BIRTHPLACE Berkeley Co. 2nd St Johns Parish
 (13) OCCUPATION Laborer (19) OCCUPATION Farm Hand

(20) Number of children born to mother, including present birth one (1) (21) Number of children of this mother now living, including present birth one (1)

CERTIFICATE OF ATTENDING PHYSICIAN

CERTIFICATE OF BIRTH

File No.—For State Registrar Only
63255

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

(3) BOY OR GIRL? <i>Boy</i>	(4) Twin or Triplet?	(5) Number in order of birth
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To be answered only in event of Twins or Triplets

(6) Are Parents Married? *No*

(7) DATE OF BIRTH June, 26, 1916
(Name of Month) (Day) (Year)

(8) FULL NAME Edman Brian

(9) PRESENT
POSTOFFICE
OF FATHER *Pinalis St*

(10) COLOR OR RACE Mingo (11) AGE AT LAST BIRTHDAY 25

(12) BIRTHPLACE *Land at Johns Bay* (Years)

(13) OCCUPATION *James Varsh*
Laborer

29) Number of children born to mother, including present birth one (1)

22) I hereby certify that I attended the _____

(14) NAME BEFORE MARRIAGE: *Margaret L. ...*

(15) PRESENT POSTOFFICE OF MOTHER Mary Washington
to James M.

(16) COLOR OR RACE *Black* (17) AGE AT LAST BIRTHDAY *21*

(8) BIRTHPLACE 2nd St Berkeley, Cal. (Years)

(19) OCCUPATION Small Sr Johns Warsh

(21) Number of children of this mother now living, including _____

PHYSICIAN OR MIDWIFE* *PL*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at
on the date above stated. 7 B M

(28) (Signature) Mary X Parker (Hour A. M. or P. M.)

(24) State whether Physician or ~~Midwife~~ Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

....., 191.....

..... Registrar

When there was no attending physician a child breathes even once it must be

(26) Witness m m meth
(Signature of Witness necessary only
when question 23 is signed by mark)

(27) Filed June 30 1916 (28) H. C. Lavin
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.

Form No. 10.

MARGIN RESERVED FOR BINDING.

CHILDREN OF COLOR—THIS IS A PERMANENT RECORD.
SINGLES OR TRIPLETS use a SEPARATE BLANK for each child.
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

Cay. of Columbia.