

(1) PLACE OF BIRTH

County of LowndesTownship of Lowndesor
Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. For State Registrar Only

2692

Registration District No. 4302 Registered No. 2

(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>No</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan 9 1922</u> (Name) (Month) (Day) (Year)
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FATHER

(8) FULL NAME Willie McBrist(9) PRESENT POSTOFFICE OF FATHER Kingston(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 22
(Years)(12) BIRTHPLACE Lowndes(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 1

MOTHER

(14) NAME BEFORE MARRIAGE Victoria Wilson(15) PRESENT POSTOFFICE OF MOTHER Kingston(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 20
(Years)(18) BIRTHPLACE Winckley(19) OCCUPATION Housekeeper(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 8:22 M., on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) Wm. J. Thomas(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Kingston

Given name added from a supplemental report

(26) Witness Willie McBrist
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Jan 9 1922 (28) P. B. Colman
Registrar 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.

1. 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.

REC'D BY CLERK, LOWNDES, S. C.