

Form No. 1.

(1) PLACE OF BIRTH

County of Union
Township of Union

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
92061

Inc. Town of Registration District No. 42-A Registered No. 194
or (For use of Local Registrar)
City of Union (No. 29 Hennetta St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) BOY OR GIRL? GIRL (4) Twin or Triplet? (5) Number in order of birth One (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 19 1916
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Golden Brandon
(9) PRESENT POSTOFFICE OF FATHER Union
(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 30 (Years)
(12) BIRTHPLACE Carliss Union Co.
(13) OCCUPATION Chief Cook
(20) Number of children born to mother, including present birth One

MOTHER.
(14) NAME BEFORE MARRIAGE Abbie H. [unclear]
(15) PRESENT POSTOFFICE OF MOTHER Union
(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 29 (Years)
(18) BIRTHPLACE Union County
(19) OCCUPATION Housekeeping
(21) Number of children of this mother now living, including present birth Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born at 4:15 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
(23) (Signature) [Signature]
(24) State whether Physician or Midwife [Mark] (25) Address of Physician or Midwife 38 Hamlet St

Given name added from a supplemental report
..... 191.....
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Dec 22 1916 (28) J. S. Sarratt 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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