

(1) PLACE OF BIRTH

County of FlomiesTownship of CainsInc. Town of ---City of ---(2) Full Name of Child Easy Mae McBrackin

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

19027

Registration District No. 2001Registered No. 13

(For use of Local Registrar)

City of --- (No. --- St.; --- Ward)
If birth occurs in a hospital or other institution, give name of same instead of street and number.

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl (4) Twin or Triplet? r (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH 1 24 6 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME J. N. McBrackin(9) PRESENT POSTOFFICE OF FATHER Pamphlet S.C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 37 (Years)(12) BIRTHPLACE Harvey Co. S.C.(13) OCCUPATION Mill Foreman(14) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Ruth Compton(15) PRESENT POSTOFFICE OF MOTHER Pamphlet S.C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 22 (Years)(18) BIRTHPLACE Harvey Co. S.C.(19) OCCUPATION Housewife(20) 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 11 22 0 a.m. (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.(23) (Signature) Oneida X. Myers

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

Midwife Pamphlet S.C.

Given name added from a supplemental report

(26) Witness J. H. Ryan (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Jan. 24 1916 (28) E. L. Montgomery 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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Specimen No. 10. SEARCHED INDEXED SERIALIZED FILED THIS IS A SUPPLEMENTARY REPORT. WHEN NECESSARY, WITH UNIFORMITY, THIS IS A SUPPLEMENTARY REPORT. No. 1. THE OFFICE, No. 2, etc., in question 6. FIRST-BORN, No. 1. THE OFFICE, No. 2, etc., in question 6. No. 2. In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the No. of each child. No. 3. In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the No. of each child. No. 4. In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the No. of each child. No. 5. In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the No. of each child. No. 6. In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the No. of each child. No. 7. In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the No. of each child. No. 8. In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the No. of each child. No. 9. 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