

(1) PLACE OF BIRTH

County of GreenvilleTownship of FairviewInc. Town of Fountain InnCity of Fountain Inn

(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

72958

Registration District No. 2206 Registered No. 93(2) Full Name of Child Ralph James Brewington

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 1

To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes(7) DATE OF BIRTH August 7
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Imig Brewington(9) PRESENT POSTOFFICE OF FATHER Fountain Inn(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 23

(Years)

(12) BIRTHPLACE Spartanburg Co. S.C.(13) OCCUPATION Wheeler in Cotton Mill(20) Number of children born to mother, including present birth One

MOTHER.

(14) NAME BEFORE MARRIAGE Mattie Spelts(15) PRESENT POSTOFFICE OF MOTHER Greenville Co.(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 23

(Years)

(18) BIRTHPLACE Greenville Co. S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 6:15 P.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P.)(23) (Signature) John P. H. P.(24) State whether Physician or Midwife (25) Address of Physician or Midwife Physician Fountain Inn

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 Sept 10 1916 (28) J. B. Duckett Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—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.

Caw, of Columbia.