

Form No. 10.

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.

McCaw, of Columbia.

(1) PLACE OF BIRTH

County of Barnwell

Township of Sylamore

OR  
Inc. Town of  
or  
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only  
**63164**

Registration District No. 512 Registered No. 82

(For use of Local Registrar)

(No. Thompson) 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 Ciccal Virginia Brothman 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>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June, 12, 1916</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME John Frank Brothman

(9) PRESENT POSTOFFICE OF FATHER Unknown

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 28 (Years)

(12) BIRTHPLACE Barnwell Co

(13) OCCUPATION Farming

(20) Number of children born to mother, including present birth 51

MOTHER.

(14) NAME BEFORE MARRIAGE Nita Stevens

(15) PRESENT POSTOFFICE OF MOTHER Unknown

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 27 (Years)

(18) BIRTHPLACE Barnwell Co

(19) OCCUPATION House Keeping

(21) Number of children of this mother now living, including present birth 51

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was placenta at 12 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Rachel Grace  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife  
Midwife Unknown

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

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed June 20, 1916 (28) J. C. Mayan 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.