

(1) PLACE OF BIRTH

County of Spartanburg
 Township of Cherokee
 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
2500

Registration District No H09213 Registered No. 10
 (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.)

(2) Full Name of Child Anna May Brewton (if child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL girl (4) Twin or Triplet? No (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 Jan 16 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Sam Brewton
 (9) PRESENT POSTOFFICE OF FATHER Cherokee St
 (10) COLOR OR RACE col (11) AGE AT LAST BIRTHDAY 27
 (Years) (12) BIRTHPLACE Sto
 (13) OCCUPATION farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Blanch Yack
 (15) PRESENT POSTOFFICE OF MOTHER Cherokee St
 (16) COLOR OR RACE col (17) AGE AT LAST BIRTHDAY 24
 (Years) (18) BIRTHPLACE Sto
 (19) OCCUPATION housewife

(20) Number of children born to mother, including present birth 1 (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 alive at... 7 at... 9 M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Atlanta Brewton(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Cherokee St.

Given name added from a supplemental report

(26) Witness.....

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 1022 (28) W. W. Brewton
 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.