

(1) PLACE OF BIRTH

County of NewberryTownship of 10Inc. Town of 10City of 10

(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 HealthRegistration District No. 3401

File No.—For State Registrar Only

4666

Registered No. 9
(For use of Local Registrar)

(2) Full Name of Child

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married <u>yes</u>	(7) DATE OF BIRTH (Name) (Month) (Day) (Year) <u>2 3 28</u>
FATHER.			MOTHER.	
(8) FULL NAME <u>Brady Halman</u>			(14) NAME BEFORE MARRIAGE <u>Mamie Wilkin</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Pomaria S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Pomaria S.C.</u>	
(10) COLOR OR RACE <u>Celan</u>			(16) COLOR OR RACE <u>Celan</u>	
(11) AGE AT LAST BIRTHDAY <u>26</u>			(17) AGE AT LAST BIRTHDAY <u>26</u>	
(12) BIRTHPLACE <u>Newberry Co.</u>			(18) BIRTHPLACE <u>Newberry Co.</u>	
(13) OCCUPATION <u>Farmers</u>			(19) OCCUPATION <u>Domestic</u>	
(20) Number of children born to mother, including present birth <u>8</u>			(21) Number of children of this mother now living, including present birth <u>8</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 12:40 a.m. on the date above stated. (Born alive or stillborn) (Hour—A—After P. M.)(23) (Signature) Dr. J. J. Pinner

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Pomaria S.C.

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Mar. 10 1928(28) Alberta Sean 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.

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FORM EACH CHILD, AND MARK IN FIRST-BORN. NO. 1. THIS OTHER, NO. 2. OR, IN QUESTION 1.