

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

Cherokee

Township of

or
Inc. Town of
or*Cherokee*

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No.

12A

Registered No.

78

(For use of Local Registrar)

St.; Ward)

(2) Full Name of Child

Edith May Brasington

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

(3) BOY OR GIRL?

Girl

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Sept. 25, 1916

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

John Julius Brasington

(9) PRESENT POSTOFFICE OF FATHER

Cherokee S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

26 -
(Years)

(12) BIRTHPLACE

S.C. -

(13) OCCUPATION

Foreman Machine Shop

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

3

MOTHER.

(14) NAME BEFORE MARRIAGE

Walter May Whittaker

(15) PRESENT POSTOFFICE OF MOTHER

Cherokee S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

26 -
(Years)

(18) BIRTHPLACE

S.C. -

(19) OCCUPATION

House wife

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

3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was

Alive, at *4:55 P.* M.,
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.

(23) (Signature)

L. E. Jones M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Cherokee S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Oct 6, 1916

(28)

J. E. W. M. M. K. S. Jr.

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.