

MARGIN RESERVED FOR BINDING.
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD. USE FIRST-
 BORN. No. 1. THIS OTHER, No. 2, etc., in question 1.
 State of South Carolina, Columbia, S. C.

(1) PLACE OF BIRTH
 County of York
 Township of Pringle Mts.
 Inc. Town of
 City of
CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health
 Registration District No. 427 Registered No. 96
 (For use of Local Registrar)

28720

(2) Full Name of Child
 (If child is not yet named, make supplemental report as directed)

(1) SEX OF CHILD <u>girl</u>	(2) Type of Birth To be reported only in case of Twin or Triplets	(3) Number in order of birth	(4) No. of weeks gestation <u>42</u>	(5) DATE OF BIRTH <u>July 25 1927</u> (Month of Birth) (Day) (Year)
FATHER			MOTHER	
(6) FULL NAME <u>B. J. Brummett</u>	(10) FULL NAME <u>Edwin Lee Lister</u>	(7) PRESENT ADDRESS OF FATHER <u>C. S. Overst</u>	(11) PRESENT ADDRESS OF MOTHER <u>Edwin St</u>	(8) COLOR OF FATHER <u>W</u>
(9) COLOR OF MOTHER <u>W</u>	(12) AGE AT LAST BIRTHDAY <u>31</u> (Years)	(13) BIRTHPLACE <u>York S.C.</u>	(14) OCCUPATION <u>Farmer</u>	(15) BIRTHPLACE OF MOTHER <u>W.C.</u>
(16) OCCUPATION <u>Farmer</u>	(17) AGE AT LAST BIRTHDAY <u>22</u> (Years)	(18) BIRTHPLACE <u>York S.C.</u>	(19) OCCUPATION <u>Housewife</u>	(20) BIRTHPLACE OF FATHER <u>York S.C.</u>
(21) Number of children born to mother, including present birth <u>1</u>				(22) Number of children of this mother now living, including present birth <u>1</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(24) (Signature) [Signature]
 (25) State whether Physician or Midwife Physician (26) Address of Physician or Midwife [Address]

(27) Witness (Signature of Witness necessary only when question 23 is signed by mark) [Signature]
 (28) Place York S.C. (29) [Signature] 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.

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