CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only 90345

(1) PLACE OF BIRTH

County of Union

Township of Cowpens
or
Inc. Town of .....
or
City of ..... (No. ..... St.; ..... Ward)

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

Registration District No. 250 Registered No. 209
(For use of Local Registrar)

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

(3) BOY OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH
Girl			yes	Dec 13, 1916 (Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

FATHER.	MOTHER.
(8) FULL NAME: J D Brattcher	(14) NAME BEFORE MARRIAGE: Trizzie Vun McDowell
(9) PRESENT POSTOFFICE OF FATHER: Union S C	(15) PRESENT POSTOFFICE OF MOTHER: Union S C
(10) COLOR OR RACE: White (11) AGE AT LAST BIRTHDAY: 33 (Years)	(16) COLOR OR RACE: White (17) AGE AT LAST BIRTHDAY: 22 (Years)
(12) BIRTHPLACE: Union Co	(18) BIRTHPLACE: Union Co
(13) OCCUPATION: Farmer	(19) OCCUPATION: Housewife
(20) Number of children born to mother, including present birth: 3	(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 (Born alive or stillborn) at 5 a.m. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Malinda McDowell

(24) State whether Physician or Midwife: Midwife

(25) Address of Physician or Midwife: Union

Given name added from a supplemental report .....
..... 19 ....
Registrar

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

(27) Filed Dec 22 1916 (28) J L Douglas
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.

McCAW O' COLUMBIA, COLUMBIA, S. C.
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 3.