

FORM NO. 1.

(1) PLACE OF BIRTH

County of Georgetown
 Township of 7
 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
42913

Registration District No. 21.1.6 Registered No. 102
 (For use of Local Registrar)

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

(3) SEX OR <u>Girl</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) <u>Yes</u> Married?	(7) DATE OF BIRTH <u>Dec. 26</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Guss Briggs</u>			(14) NAME BEFORE MARRIAGE <u>Rosa Brown</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Waverly Mills</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Waverly Mills</u>	
(10) COLOR OR RACE <u>Negro</u>			(16) COLOR OR RACE <u>Negro</u>	
(11) AGE AT LAST BIRTHDAY <u>22</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>24</u> (Years)	
(12) BIRTHPLACE <u>South Carolina</u>			(18) BIRTHPLACE <u>South Carolina</u>	
(13) OCCUPATION <u>Laborer</u>			(19) OCCUPATION <u>Labour</u>	
20 Number of children born to mother, including present birth <u>1</u>			21 Number of children of this mother now living, including present birth <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 1.2 M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Agnus Brown
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife
Midwife Waverly Mills

Given name added from a supplement-
 al report
 191
 Registrar

(26) Witness (Signature of Witness necessary only
 when question 23 is signed by mark)
 (27) Filed Jan. 3. 1915 (28) A. H. Calhoun
 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.
 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