

\* By Court Order: 1/3/75

MARGIN RESERVED FOR BINDING.  
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.

**CERTIFICATE OF BIRTH**  
STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only  
**91226**

(1) PLACE OF BIRTH  
County of Orangeburg  
Township of Calisto  
or  
Inc. Town of .....  
or  
City of .....  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 3603 B  
Registered No. 24  
(For use of Local Registrar)

St.; ..... Ward  
No. ....

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u> 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 <u>Oct 7 1916</u> (Name of Month) (Day) (Year)
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FATHER.		MOTHER.	
(8) FULL NAME <u>Leon Brickle</u>	(14) NAME BEFORE MARRIAGE <u>James Hunt</u>	(15) PRESENT POSTOFFICE OF FATHER <u>Cordova, S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Cordova, S.C.</u>
(9) PRESENT POSTOFFICE OF FATHER <u>Cordova, S.C.</u>	(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>25</u> (Years)	(16) COLOR OR RACE <u>White</u>
(12) BIRTHPLACE <u>Orangeburg Co</u>	(17) AGE AT LAST BIRTHDAY <u>18</u> (Years)	(18) BIRTHPLACE <u>Orangeburg Co</u>	(19) OCCUPATION <u>Housewife</u>
(13) OCCUPATION <u>Farming</u>	(20) Number of children born to mother, including present birth <u>Two</u>	(21) Number of children of this mother now living, including present birth <u>Two</u>	

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(22) I hereby certify that I attended the birth of this child, who was alive, at 11 ..... A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Dr. Nevills  
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Rowersville S.C.

Given name added from a supplemental report  
C. O. 7981 191.....  
Filed 1/17/75 Registrar

(26) Witness .....  
(Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed Dec 4 1916 (28) M. S. Jennings 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.