

Form No. 1

(1) PLACE OF BIRTH

County of Sumter
 Township of Shilo
 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
70637

Registration District No. 4-107 Registered No. 77
 (For use of Local Registrar)
 (If birth occurs in a hospital or other institution give name of same instead of street and number.)

(2) Full Name of Child Brian Talwood

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

(3) BOY OR GIRL? Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH June 14 1916
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER
 (8) FULL NAME Alridge Talwood
 (9) PRESENT POSTOFFICE OF FATHER Shilo S.C.
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 25 (Years)
 (12) BIRTHPLACE S.C.
 (13) OCCUPATION Farmer

MOTHER
 (14) NAME BEFORE MARRIAGE Lena Patton
 (15) PRESENT POSTOFFICE OF MOTHER Shilo S.C.
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 23 (Years)
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION House W. Jr.

(20) Number of children born to mother, including present birth { 2 } (21) Number of children of this mother now living, including present birth { 2 }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 9 P. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Brian Talwood (24) State whether Physician or Midwife (25) Address of Physician or Midwife Med. W. Jr. Shilo S.C.

Given name added from a supplemental report
 _____, 191____
 _____ Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) [Signature]
 (27) Filed 7-22-1916 (28) S. B. McEwen 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.

MARGIN RESERVED FOR BINDING.
 WHITE 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.