

(1) PLACE OF BIRTH

County of AndersonTownship of BrownwayInc. 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.)(2) Full Name of Child Gmanda G Ruth Pratt { If child is not yet named, make supplemental report as directed.(3) BOY OR GIRL? girl (4) Twin or Triplet? _____ (5) Number in order of birth _____ (6) Are Parents Married? Yes (7) DATE OF BIRTH August 2, 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Narrison Brett(9) PRESENT POSTOFFICE OF FATHER Bilton S C Po.(10) COLOR OR RACE Cullord (11) AGE AT LAST BIRTHDAY 27 (Years)(12) BIRTHPLACE Abbeville County(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 6 live

MOTHER.

(14) NAME BEFORE MARRIAGE Sanah Miller(15) PRESENT POSTOFFICE OF MOTHER Bilton Po.(16) COLOR OR RACE Cullord (17) AGE AT LAST BIRTHDAY 24 (Years)(18) BIRTHPLACE Abbeville County(19) OCCUPATION Farming(21) Number of children of this mother now living, including present birth 6 live

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 5:30 P. M.,
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) M. M. Anderson
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Anderson St 8Given name added from a supplemental report
....., 191.....
.....
Registrar(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Sep 10 1916 (28) W. L. Campbell
Legal 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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MARGIN RESERVED FOR SEVERAL

Form No. 10

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.

Cav. of Columbia

MS