

(1) PLACE OF BIRTH

County of Anderson

Township of Brownway

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.)

### CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only

71239

Registration District No. 301 Registered No. 65-  
(For use of Local Registrar)

(2) Full Name of Child Gmanda G Ruth Scott { If child is not yet named, make supplemental report as directed.

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>August 2, 1916</u> (Name of Month) (Day) (Year)
FATHER.		MOTHER.		
(8) FULL NAME <u>Narrison Brett</u>	(14) NAME BEFORE MARRIAGE <u>Sarah Miller</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Bilton S C Po.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Bilton Po.</u>			
(10) COLOR OR RACE <u>Cullord.</u>	(11) AGE AT LAST BIRTHDAY <u>27</u> (Years)	(16) COLOR OR RACE <u>Cullord.</u>	(17) AGE AT LAST BIRTHDAY <u>24</u> (Years)	
(12) BIRTHPLACE <u>Abbeville County</u>	(18) BIRTHPLACE <u>Abbeville County</u>			
(13) OCCUPATION <u>Farming</u>	(19) OCCUPATION <u>Farming</u>			
(20) Number of children born to mother, including present birth <u>6</u>	(21) Number of children of this mother now living, including present birth <u>5</u>			

### 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., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature]  
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Anderson St 8

Given name added from a supplemental report

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

(27) Filed Sep. 10, 1916 (28) W. L. Campbell 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.

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MARGIN RESERVED FOR PHYSICIAN'S SIGNATURE. 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.

County of Columbia

MS