Form No. 10.

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
63074

(1) PLACE OF BIRTH

County of Anderson

Township of Williamston

or

Inc. Town of ..... Registration District No. 314 Registered No. 34
(For use of Local Reistrar)

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

(3) BOY OR GIRL? Girl

(4) Twin ~~or Triplet?~~ To be answered only in event of Twins or Triplets

(5) Number in order of birth 2

(6) Are Parents Married? Yes

(7) DATE OF BIRTH June 16 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Luther Brockman

(9) PRESENT POSTOFFICE OF FATHER Pelzer R.F.D. S.C.

(10) COLOR OR RACE Black

(11) AGE AT LAST BIRTHDAY 32 (Years)

(12) BIRTHPLACE Greenville Co., S.C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Billie Chapman

(15) PRESENT POSTOFFICE OF MOTHER Pelzer R.F.D.

(16) COLOR OR RACE Black

(17) AGE AT LAST BIRTHDAY 26 (Years)

(18) BIRTHPLACE Greenville Co., S.C.

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive (born alive or stillborn) at 6-7 A. M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) W. R. Dendy

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Pelzer 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.)

(27) Filed 7/10 1916 (28) Geo. H. Poore
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.

fifth month of pregnancy.