

(1) PLACE OF BIRTH

County of W. B. B.Township of Johnsor
Inc. Town ofor
City of

(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

83836

Registration District No. 4324 Registered No. 148

(For use of Local Registrar)

St.; Ward

(2) Full Name of Child James A. Bringle { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 27 1914
(Name Month Day Year)

FATHER. MOTHER.

(8) FULL NAME Alfred Bringle (14) NAME BEFORE MARRIAGE Viola Duncan(9) PRESENT POSTOFFICE OF FATHER Excelsior SC (15) PRESENT POSTOFFICE OF MOTHER Excelsior SC(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 30 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 20
(Years) (Years)(12) BIRTHPLACE S.C. (18) BIRTHPLACE S.C.(13) OCCUPATION Farmer (19) OCCUPATION Housewife(20) Number of children born to mother, including present birth 3 (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 born at 8 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Rose Williams(24) State whether Physician or Midwife (25) Address of Physician or Midwife Midwife

Given name added from a supplemental report

(26) Witness L. L. C. A.

(Signature of Witness necessary only when question 23 is signed by married woman)

(27) Filed Nov 3 1914 (28) L. L. C. A. 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.

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.

S. C. of Columbia.