

(1) PLACE OF BIRTH **CERTIFICATE OF BIRTH**
 County of *York* STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 Township of *Beaufort* State Board of Health

File No. — For State Registrar Only
74789

Inc. Town of Registration District No. *4006* Registered No. *117*
 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 *Thelma Francine Brannon* If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL *Girl* (4) Twin or Triple (5) Number or order of birth *1*
To be answered only in event of Twins or Triplets (6) Are Parents Married? *No* (7) DATE OF BIRTH *Aug. 7 1916*
(Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME *Not known*
 (9) PRESENT POSTOFFICE OF FATHER *" "*
 (10) COLOR OR RACE *" "* (11) AGE AT LAST BIRTHDAY *4* (Years)
 (12) BIRTHPLACE *" "*
 (13) OCCUPATION *" "*
 (20) Number of children born to mother, including present birth *1*

MOTHER.
 (14) NAME BEFORE MARRIAGE *Maile Brannon*
 (15) PRESENT POSTOFFICE OF MOTHER *Beaufort*
 (16) COLOR OR RACE *Cauc* (17) AGE AT LAST BIRTHDAY *21* (Years)
 (18) BIRTHPLACE *T. B.*
 (19) OCCUPATION *book*
 (21) Number of children of this mother now living, including present birth *1*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *alive* at *12 noon* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *Bessie Littlejohn*
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

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 *8-14-16* (28) *M. W. Brown* 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.
 WRITE MAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 Use 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.
 McCay, of Columbia.